DOCUMENT RESUME

ED 390 999 CE 070 391

AUTHOR	Luker, Karen A.; And Others
TITLE	The Evolving Role of the Nurse Teacher in the Light of Educational Reforms.
INSTITUTION	English National Board for Nursing, Midwifery and Health Visiting, London.
PUB DATE	Nov 95
NOTE	249p.
AVAILABLE FROM	English National Board for Nursing, Midwifery and Health Visiting, Publications Dept., Victory House, 170 Tottenham Court Road, London, England W1P 0HA, United Kingdom (12.50 British pounds).
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Case Studies; Delphi Technique; *Educational Change; Foreign Countries; National Surveys; *Nursing Education; *Obstetrics; Postsecondary Education; Questionnaires; Tables (Data); *Teacher Attitudes; *Teacher Qualifications; *Teacher Role
IDENTIFIERS	*Nurse Educators; Nurse Midwives; United Kingdom

ABSTRACT

A study examined the evolving role of nurse teachers in the United Kingdom in light of the educational reforms known as Project 2000. Data were collected from the following: case study of 1 college of nursing/midwifery; surveys of 60 teachers and in-depth interviews of 10 respondents at the case study site; and modified Delphi study of a total of 600 individuals involved in nursing/midwifery education (including a sample of 267 nurse teachers and 56 midwife teachers who were randomly selected from the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting database). The nurse teachers reported working in a rapidly changing environment. Approximately 25% reported that their college of nursing/midwifery had relocated into higher education and 36.1% of colleges had formed links with more than one higher education institution. The respondents were concerned about the future role of nurse teachers. According to 87.9% of the sample, it is likely that lecturers in higher education will eventually teach the science courses required of nursing students and nurse teachers will teach nursing theory and practice. Most nurse teachers did not have a nursing degree or regularly engage in clinical practice. (Seventy-four tables/figures are included. Contains 100 references.) (MN)

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THE EVOLVING ROLE OF THE NURSE TEACHER IN THE LIGHT OF EDUCATIONAL REFORMS

Karen A Luker
Caroline Carlisle
Susan Kirk

The University of Liverpool

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Victory House
170 Tottenham Court Road
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PREFACE

THE EVOLVING ROLE OF THE NURSE TEACHER IN THE LIGHT OF EDUCATIONAL REFORMS

The Board is pleased to publish the report which provides a three year review (1991-94) of the role of the nurse teacher as it developed in a period of unprecedented change. The project which culminated in this report was commissioned in 1990. The report traces the experiences and responses of teachers to the introduction of the pre-registration nursing diploma in higher education programmes which occurred in parallel with changes in the NHS. Teachers have responded to the challenge of change to implement the new programme and the Board acknowledges the flexibility and effort demanded of them.

Through a variety of means the Board ensures that education for practice continues to be relevant both professionally and academically. Research based evidence provides a further important dimension for the development of policy. The findings from all the research commissioned by the Board will be considered with a view to confirming or developing the Board's educational policies.

The Board is reviewing the policy on teacher/lecturer role, preparation and practice. The review will draw on the insights provided by this report.

Chairman of the Board

Chairman of the Research & Development Group

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STEERING GROUP MEMBERS

Noel Boaden	Formerly Head of Department Centre for Continuing Education University of Liverpool
Professor M. Chevennes	Head of Department Department of Health and Nursing Studies De Montfort University, Leicester
Sonia Crow	Assistant Director for Educational Policy, Research and Development English National Board for Nursing, Midwifery and Health Visiting
Mike Garrity	Principal Bolton and Salford College of Midwifery and Nursing
Brenda Hyde	Formerly Chair of Teacher Educational and Training Committee English National Board for Nursing, Midwifery and Health Visiting
Kath James	Director of Nursing Services (Acute) Whiston Hospital
Sandra Jowett	Senior Research Officer National Foundation for Educational Research
Sylvia Lewis	Manager of Community Nursing and Midwifery Services Chester and Halton Community NHS Trust
David Moore	Nursing Officer Department of Health
Alan Myles	Vice Principal Institute of Advanced Nursing Education Royal College of Nursing
Liz Redfern	Formerly Assistant Director for Continuing Education Teacher Education and Training English National Board for Nursing, Midwifery and Health Visiting

Former members of the steering group

Margaret Thwaites	Formerly Professional Adviser (Teacher Education and Training) English National Board for Nursing, Midwifery and Health Visiting
Rita La Var	Director for Educational Policy English National Board for Nursing, Midwifery and Health Visiting
Jennifer Wilson-Barnett	Professor of Nursing Kings College, University of London
Sue Norman	Personnel Directorate NHS Executive Department of Health
Jane Cuttings	Formerly Director of Nursing Services (Community) Countess of Chester Hospital

ACKNOWLEDGEMENTS

This project was conducted during a time of unprecedented change in nursing education. We are grateful for the commitment shown by the respondents, for without their support this research could not have been undertaken.

A special vote of thanks goes to the respondents at the case study site, who for the sake of anonymity cannot be named. These participants gave freely of their time and shared their experiences with the research team.

We are indebted to our steering group members, who have acted as a sounding board, and provided guidance on methodological and practical problems as they have arisen throughout the life of the project.

In addition we would like to acknowledge the work undertaken by the UKCC in providing us with the original sampling frame; for without their co-operation our work would have been compromised.

We are grateful for the statistical advice provided throughout the project by Mike Dewey and Paul Manasse, and the advice on data processing that was provided by Alex Hirshfield.

Finally we would like to record our thanks to the English National Board for their foresight in commissioning and funding this work.

DEFINITIONS OF TERMS USED IN THE RESEARCH PROJECT

Clinical Nurses

These are for the purposes of this research Grade "G" practitioners working in England.

Link Lecturers

These are individuals based in higher education institutions with whom Colleges of nursing/midwifery have formed links for the provision of a Project 2000 course and who have an input to the Project 2000 course either in a teaching capacity or as curriculum advisers.

Links with Higher Education

This is defined as any connection or attachment a college of nursing/midwifery has with an institution of higher education. For example, this may be for course validation only or a full "move" into the higher education institution.

Managers

These are senior nurse managers and unit general managers for both hospital and community services in England. A senior nurse is a nurse with a senior management role within the district health authority/trust.

Nurse/Nursing

For the sake of brevity in the study this term is taken to include Midwife/Midwifery and Health Visitor/Health Visiting.

Nurse Education

For the purposes of this study this term is taken to refer to pre-registration student nurse education.

Nurse Teacher(s) (Non-Specialist)

These are teachers, recognised by the United Kingdom Central Council as qualified teachers

of Nursing, who are involved in pre-registration (Project 2000 and non-Project 2000) and post-registration nurse education in England. This group may also be referred to as **nurse teachers**. In recognition of recent changes in nurse education, this term would also include individuals with the title of Lecturer in Nursing unless otherwise stated.

Nurse Teachers (Specialist)

This group refers to four different groups of teachers who are recognised by the United Kingdom Central Council as qualified teachers and who work in England. The four groups are:

- Midwife Teachers
- Lecturers in Health Visiting
- District Nurse Tutors
- Occupational Health Nurse Teachers.

This group may also be referred to as **specialist nurse teachers**.

Qualified (Nurse) Teacher

This term refers to individuals recognised by the United Kingdom Central Council as qualified teachers of Nursing, Midwifery, Health Visiting and District Nursing (excluding Registered Clinical Nurse Teachers). In recognition of recent changes in nurse education, this term would also include individuals with the title of Lecturer in Nursing unless otherwise stated.

Teacher Educationalist

These are individuals involved in the 1990-91 nurse teacher preparation courses approved by the English National Board.

ABSTRACT

This report details the conduct and findings of a three year project which aimed to describe the evolving role of the nurse teacher in the light of educational reforms commonly referred to as Project 2000. The study was conducted during a time of unprecedented change within the National Health Service, nurse education and higher education.

The study sample of nurse teachers (n=267) and midwife teachers (n=56) were randomly selected from the database held by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). The other sample groups, namely clinical nurses, managers, teacher educationalists, link lecturers and specialist nurse teachers were recruited through health authorities, trusts and higher education institutions throughout all Regional Health Authorities in England.

The research design consisted of three parts. Part one was a case study of one college of nursing/midwifery that had introduced Project 2000. Part two was a modified Delphi study and part three a telephone interview survey. The research employed multiple methods of data collection, involving questionnaires, in-depth interviews and observation.

The findings indicate that nurse teachers are working in a rapidly changing environment. Approximately 25% of the sample reported that their college of nursing/midwifery had relocated into higher education, and 36.1% of Colleges had formed links with more than one institution of higher education. The sample was concerned about the future role of the nurse teacher and the study details the changes that the sample saw as probable, desirable and in some cases as important. For example, it was seen as probable by 87.9% that lecturers in higher education would teach the 'ologies' on Project 2000 courses, that is the subjects related to nursing such as physiology, sociology etc, while nurse teachers would teach nursing theory and practice. Interestingly it was reported that most nurse teachers did not have a degree in nursing and neither did they engage in clinical practice on a regular basis. There was evidence of some dichotomy of views within the sub-groups of the sample, but these views were not irreconcilable. The findings of the study are presented in detail in

chapters three to seven. The study provided the basis for a number of conclusions which are detailed in chapter eight.

CHAPTER ONE

INTRODUCTION

INTRODUCTION

Change in nursing education is a concept with which nurse teachers have become familiar. Recent changes have been particularly significant for the role and function of nurse teachers. Prior to the publication of Project 2000 (UKCC, 1986) nurse teachers were already facing the challenges of policy changes. The development, for example, of one level of teacher who could teach in both the classroom and the clinical setting (ENB, 1985) forced teachers to reflect on their role in preparing student nurses in the acquisition of clinical skills. Many schools and Colleges of nursing and midwifery were also working towards devolved continuous assessment of theory (ENB, 1986) and this placed added administrative pressures on staff.

But it was the development and implementation of Project 2000 (UKCC, 1986) as a new initial preparation for nursing practice which heralded a major turning point for nurse education and with it the role and responsibilities of teachers. Concurrent educational developments at this time involved the amalgamation of many schools of nursing/midwifery to form larger Colleges. Although proposals for the formation of larger nursing educational institutions had originally been suggested by the Committee on Nursing in 1972, Project 2000 emphasised the need for changes in the structure of nurse education institutions. The new preparation for practice (UKCC, 1986) supported the amalgamation of smaller institutions to form larger Colleges, to enable these institutions to provide the necessary resources for the new course.

These newly formed Colleges then began the process of linking with higher education institutions; these links were various and ranged from the validation of Project 2000 courses through to relocation and full integration within higher education institutions.

It was seen as essential to form links in this way in order to:

> *"...generate new curriculum ideas, to encourage full critical discussion and to ensure wider participation in putting them into practice"* (UKCC, 1986).

Against this backdrop, in May 1990 the English National Board for Nursing, Midwifery and Health Visiting (ENB) put out to tender a specification for a 3-year research project entitled;

> *"Monitoring and interpreting change consequent upon Project 2000 implementation, including the role of nurse teachers and the preparation which they require; and amalgamations of training institutions resulting in Colleges of Nursing/Midwifery with links with higher education institutions".*

The ENB believed that nurse education was undergoing unprecedented change and saw it as vital that new educational provision was evaluated in order to inform future Project 2000 courses. As part of this provision, the changing role of nurse teachers required investigation and the specification for the project highlighted this as important.

The Department of Nursing at the University of Liverpool was commissioned by the ENB to conduct this research; the work was commissioned in November 1990, and the project commenced in March 1991.

THE CONTEXT OF THE STUDY

This research study was conducted during a period of rapid unprecedented change, not only in nursing and nurse education, but also in higher education and the National Health Service (NHS). In 1989, Lathlean commented;

> *"nursing and nurse education has probably never experienced such a time of change and challenge as now"* (Lathlean, 1989).

The acknowledgement of the pace of change has continued since then in both the professional literature (Field, 1989; Davies, 1990; Davis, 1991; RCN, 1993) and in research reports related to nursing education (Robinson, 1991; Bedford et al, 1993; White et al, 1993; Jowett et al, 1994).

The following outlines the major areas of change which took place either immediately prior to the commencement of this research project, or during its lifetime. This sets the scene for the later chapters which discuss the results of the study with reference to the contextual situation.

Educational Reform

The nursing world into which Project 2000 emerged and developed was one where professionals were grappling with what seemed like a constant stream of change. Many of these changes did not have a smooth transition. The clinical grading structure recommended in 1988 by the Pay Review Body caused disruption and appeals are still being heard. The guidelines for the award of these clinical gradings specifically addressed the varying responsibilities of clinical nursing staff for the education and training needs of student nurses in the clinical area. The new educational gradings for nurse teachers, which were also implemented at this time, were problematic with regard to the titles and status within the new educational structures.

The UKCC's Post Registration Education and Practice Project (PREPP) was introduced to provide guidance on post-registration education (UKCC, 1990). Guidance in this area was also provided by the ENB's Framework for Continuing Professional Education and Training (ENB, 1990). The development of PREPP has been long and tortuous, and it is only relatively recently, after a number of consultation documents, that the definitive document has emerged (UKCC, 1994). The new standards for post-registration education and practice will have far reaching consequences for nurse education in the future.

The education reform and policy documents pointed to the need for nurse teachers to review the educational provision on offer in their institution and to plan, usually within a very short timescale, for curricula, financial and human resource needs to meet these new demands. A Vision for the Future (DoH, 1993a) provided further impetus for strategic education planning with target twelve stating that provider units,

"should be able to identify pre and post registration programmes planned to help nurses, midwives and health visitors acquire the necessary skills associated with Health of the Nation, Caring for People and the Patient's Charter/Named Nurse initiatives." (DoH, 1993a. p17)

Alongside planning for pre and post registration education needs, there has also been a focus on the education needs of nurse teachers themselves. A Strategy for Nursing (DoH, 1989a) set a range of strategic targets for nursing and stated that in future nurse teachers "...must be qualified or clinically credible in the area of practice they teach" (p38). This has been reinforced more recently by The Future of Professional Practice document (UKCC, 1994) which states that:

"...those who are educating the practitioners...must themselves be both clinically credible and knowledgeable about contemporary practice" (UKCC, 1994. p27).

Nurse teachers are, therefore, having to give serious consideration not only to their role as educators but also to their clinical knowledge and expertise.

Without doubt, however, the main reform which faced nurse teachers in the 1990's was that of Project 2000, the new preparation for pre-registration nursing education. Project 2000 (UKCC, 1986) arose from the need to prepare a new breed of nurse for the changing health care needs of the year 2000 and beyond. The old apprenticeship model of training which prevailed up until this time, fell short of providing nurses with the necessary breadth and depth of both knowledge and skills which would be required for the future. Among the many proposals were those which required fundamental changes within the curriculum for initial preparation as a Registered Nurse. A greater emphasis was necessary on the community as a place where health care is provided. This requires student nurses to spend longer in community placements as well as receive a greater proportion of their theoretical preparation focusing on the community. Project 2000 proposed that by the end of the education programme, the newly qualified Registered Nurse would be adequately prepared to work both in institutional and community settings.

All student nurses would undertake an 18 month Common Foundation Programme (CFP) followed by a Branch Programme in either adult nursing, mental health nursing, childrens' nursing or mental handicap nursing.[1] There would be a greater emphasis on health, rather than purely ill-health, and the nurse would be prepared in such areas as health education, teaching and learning skills, in order that health promotion could become a more explicit part of the role.

Supernumery status for students meant that students would no longer be viewed as 'pairs of hands', whose clinical placements were primarily controlled by service needs. Instead, the educational requirements of the course of preparation would become paramount and students would be placed according to the need to learn. The student could then have the time to concentrate on developing the relevant knowledge and skills in practice and be supported to link the appropriate theory to the clinical environment; hence the 'knowledgeable doer'.

The Project 2000 document (UKCC, 1986) also contained specific recommendations relating to the role and preparation of nurse teachers. These were:

- Teachers should possess an up-to-date overview and understanding of the settings to which students are allocated.

- Teachers should have a detailed advanced level of knowledge of theory, practice and research in the area they intend to teach.

- Teachers must possess a qualification in teaching and the teaching qualification should be at degree level.

- There should be a single grade of teacher.

- Periods should be spent both in practice and in teaching.

[1]This branch of nursing is now commonly referred to as Learning Disabilities.

- Teachers should be provided with learning opportunities to enhance their performance as teachers.

Developments since these recommendations have seen the discontinuation of courses for clinical teachers (and their disappearance within Colleges of nursing/midwifery) and the move to teacher preparation courses being at degree level.

The Project 2000 recommendations were the focus in the minds of staff within newly forming Colleges which were developing from the amalgamation of the smaller Schools of Nursing and Midwifery. Educational reform, however, was not the only area which was undergoing change at this time. The reform of the NHS consequent upon the NHS and Community Care Act (1990) also brought challenges for all health care staff during the period of this study.

National Health Service Reform

The rate and extent of reforms which have taken place in the NHS since the publication of Working for Patients (DoH, 1989b) have been without precedent in health care provision. The NHS and Community Care Act (DoH, 1990) was the statutory instrument which brought the terms purchaser and provider into common usage. The internal market which was developed in the NHS, split the responsibility for purchasing health care services from the responsibility for providing them. This meant that the District Health Authorities and General Practice Fundholders had responsibility for assessing the health needs of their populations and for purchasing the services which they felt best met their needs. The provider units available to supply these services e.g. hospitals and community units, had greater freedom in employment practice than they had in pre-reform days. The consequent opportunity for change in staffing levels and skill mix within the NHS has been one of the most obvious areas of impact throughout the reforms (Buchan & Seccombe, 1994) and has resulted in reduced demand for Project 2000 Diplomates and consequent job insecurities for nurse teachers. The rapid growth of NHS trusts has also given a level of autonomy in which decisions on pay and conditions of service are within trust control.

These changes have meant that those responsible for nurse education have had to come to terms with difficulties in availability of clinical placements and the provision of clinical supervision whilst students are in clinical practice. On top of this the market economy of the new NHS led to debates on charging for clinical placements. The ENB (1991) made their position quite clear on this issue stating that a spirit of co-operation should exist between the providers of health care and the providers of education. The introduction of charges was seen as adversely affecting the continuing provision of high quality professional education.

This framework of a purchaser provider split was also being directly addressed in relation to education. Working Paper 10 (NHSME, 1989) which dealt with the education and training implications for the health care sector of the White Paper "Working for Patients", highlighted the need to separate education provision from service provision and purchasers.

The Regional Health Authorities now became the purchasers of education with the Colleges of nursing and midwifery the providers. This led to a very different orientation for nurse educators, with pressure to attract and win contracts for the education service they could provide. It became necessary to produce business plans which would provide details of the costs, services and resources on offer from Colleges. A further consequence of this market process is the growing trend for nurse teachers to be employed on fixed term contracts.

Colleges of Nursing and Midwifery have, therefore, had very little choice but to enter this market economy and take on a more business orientated approach to the provision of nursing education. Developing such skills as the writing of business plans, negotiating clinical placements which are within the spirit of Project 2000 as educationally led, introducing quality control strategies, and reviewing management structures are just some of the added responsibilities with which Colleges have had to cope.

Reform Within Higher Education

A Strategy for Nursing (DoH, 1989a) emphasised the importance of a closer association between nursing education and higher education. In a document providing guidelines for the formation of links with higher education, the ENB stated that

> *"the minimum criteria relating to the formation of collaborative links must be at the level of conjoint validation"* (ENB, 1989).

Project 2000 courses are offered at Diploma level, this Diploma in Higher Education (equivalent to CNAA CATS of 120 points at level I and 120 points at level II) being validated by the higher education institution. Nursing education institutions therefore had to begin the process of negotiation, planning, validation and implementation of curricula within a new framework. As more and more Colleges of nursing and midwifery negotiated their links with higher education and as these links developed, often to full integration within the higher education institution, the staff in the Colleges had to contend with more change and reform.

Throughout the period of this project, a number of reforms have taken place within higher education. Perhaps the most noteworthy change relates to the removal of the binary divide. The Government stated that future development of higher education would be:

> *"enhanced by the elimination of the binary line...increased competition among the present universities, polytechnics and Colleges will promote...further efficient expansion"* (DES, 1991 p37).

Polytechnics and large higher education institutions now had the opportunity to apply for university status. The new systems of funding which involved the creation of the Higher Education Funding Council, added to this need for higher education institutions to become more competitive in student recruitment and in the range of courses on offer. For many of these institutions, links with Colleges of Nursing and Midwifery held attractive prospects, with the potential to increase student numbers and attract more funds.

This period saw the polytechnics and other higher education institutions striving to meet the criteria necessary to achieve "university" status. The funding structure also led to pressure for the so-called "new" universities to compete with the "old" in becoming more active in research in order to increase their income. This new status, therefore, brought added pressures for the staff within the institutions; more courses, more students, the necessity for increased research activity, the increased demand to publish.

For many nurse teachers, particularly those who taught within Colleges which became fully integrated into higher education, these added pressures within the higher education institution also became their pressures. Once again many of them were involved in restructuring processes with new status as lecturers. This brought with it issues around the credibility of nurse teachers as academics (RCN, 1993). There was also the issue of large salary differentials and the negotiations necessary in order to protect the relatively high salaries of nurse teachers compared to those of university lecturers. This often led to nurse teachers being appointed to senior positions (e.g. Senior Lecturer) in the higher education institution in order to achieve the necessary salary scale. These appointments were often made without

the need to meet the usual academic standard associated with that position and this has created a tension between nurse teachers and university lecturers. Nurse teachers were now under even more pressure to gain higher degree status, to engage in research and to publish.

The Role of the Nurse Teacher Following the Introduction of Project 2000

A number of studies have been conducted which have examined the role of the nurse teacher following the implementation of Project 2000. In some of these studies the nurse teacher has been the focus of the research (Baillie, 1994; Clifford, 1992, 1993; Crotty, 1993a, 1993b; Hardiman, 1993), while in others an examination of their role has formed only part of a wider study of Project 2000 introduction (Payne et al, 1991; Robinson, 1991). The majority of studies that have investigated the changing role of nurse teachers have been small scale studies and the research presented in this report is the most detailed and extensive study conducted to date.

This report does not contain a traditional literature review since it was considered more appropriate to link the background literature directly with the relevant research findings in the discussion sections of each chapter. Those readers wishing a detailed review of the studies investigating the nurse teacher's role and how it has developed over the past eighty years are advised to refer to Crotty and Butterworth (1992) and Jolly (1991).

Conclusion

This research has been conducted during a period of unprecedented change in all arenas in which nurse teachers work. It has often been difficult to attribute the effects of Project 2000 implementation on the role and function of nurse teachers without referring to the broader contextual situation. This report should therefore be read with this in mind.

THE RESEARCH PROJECT

In order to explore the areas identified by the ENB as pertinent to the study the research team, with the support and guidance of the Steering Group, set out the following aims for the project:

1. To identify the future role of nurse teachers within a Project 2000 course framework.

2. To assess the perceptions of nurse teachers regarding the appropriateness of existing nurse teacher courses in preparing them for their present role and their role within a Project 2000 framework.

3. To identify the professional and academic needs of registered nurse teachers to teach within a Project 2000 framework, and the ways in which these needs can be met.

4. To identify the similarities and differences between the perceptions of those respondents with differing levels of involvement and at differing phases of planning and implementation of Project 2000.

5. To identify changes consequent upon the amalgamation of training institutions resulting in Colleges of nursing/midwifery with links with centres of higher education.

The Steering Group meeting which was held in October 1993 suggested a further area[2] for inclusion in the study. It was felt that this could be incorporated within the final stage of the project, the telephone interviews, and consequently a series of questions related to job satisfaction were included.

[2] To measure levels of job satisfaction from more recently qualified nurse teachers (4 years or less).

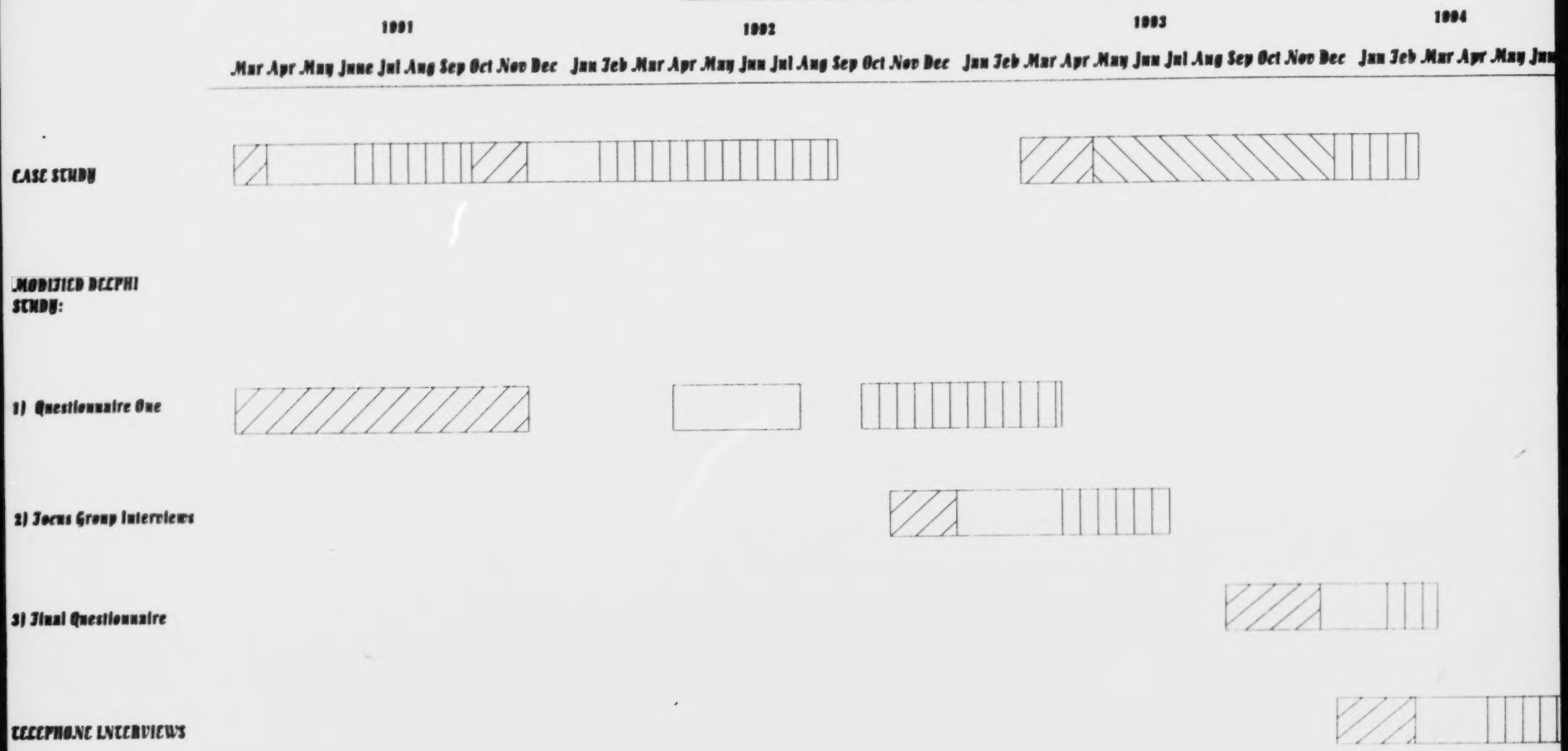
Upon the recommendation of the Steering Group, a shortened working title[3] was adopted for the project and this was then used in all aspects of the operation of the research.

The study was conducted between November 1990 and September 1994. The working stages of the research are illustrated in Figure 1.

The report is presented in the following way. Chapter two discusses the research methods which have been used in the project. This discussion centres around a description of design which incorporated multiple methods. Full details are included of the sampling strategy. Included within this chapter is also an outline of the benefits and limitations of the design and methods used. Chapter three provides a background to the main findings of the report by presenting some of the characteristics of the sample. This includes data relating to the personal characteristics of the sample as well as details on the samples' educational institutions. Chapters four to eight present the findings and relevant discussion related to the main aims of the project. This is followed by a chapter which consolidates the discussion in relation to the project as a whole and outlines the recommendations arising from the study.

[3] "The Evolving Role of the Nurse Teacher in the Light of Educational Reforms".

Figure 1: Stages of the Research


1991
1992
1993
1994
Mar Apr May June Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
CASE STUDY
MODIFIED DELPHI STUDY:
1) Questionnaire One
2) Focus Group Interviews
3) Final Questionnaire
TELEPHONE INTERVIEWS
KEY:
Development of Tools Negotiating Access
Data Collection
Data Analysis
Concurrent data collection and analysis

BEST COPY AVAILABLE

CHAPTER TWO

THE RESEARCH METHODS

THE RESEARCH METHODS

The research strategy utilised both qualitative and quantitative approaches. The use of multiple methods in a single study allows a more accurate depiction of the phenomenon under study (Denzin, 1970) and provides the opportunity for counterbalancing the weaknesses of one method with the strengths of another. Using multiple methods produces rich data, potentially increases the validity of the research findings and encourages creativity, flexibility and insightfullness in data collection and analysis (Cowman, 1993).

For the sake of clarity, the research design is presented in three parts, although in reality some stages of the research have run concurrently.

Part One - A Case Study

Part Two - A Modified Delphi study consisting of three stages

1. A first (exploratory) questionnaire
2. Focus group interviews
3. A final questionnaire

Part Three - Telephone Interviews.

PART ONE: THE CASE STUDY

The case study was located in one College of Nursing/Midwifery. Data was collected from this site throughout the life time of the project.

Case study research typically involves the use of a variety of data collection techniques to produce a more holistic study than other designs allow. This enables a richly detailed portrait to be acquired and hence a more complete account of the social issues and processes occurring.

This case study focused exclusively on the experiences of nurse teachers for three reasons. First, nurse teachers were the main focus of the research and the findings of the case study underpinned the other phases of the research. Second, nurse teachers are the implementors of Project 2000 and to a large extent they will determine its success or failure. Third, it would not have been possible in the time available to examine the introduction of Project 2000 from the perspectives of other groups.

This part of the study had separate yet complementary aims to that of the modified Delphi study.

The Aims of the Case Study

1. To discover nurse teachers' experiences of introducing Project 2000.

2. To identify how the role of the nurse teacher has changed as a result of Project 2000.

3. To discover nurse teachers' experiences of forming links with a higher education institution.

4. To identify the continuing professional development needs of nurse teachers working within a Project 2000 framework.

5. To highlight the current issues that nurse teachers are facing for further exploration in the modified Delphi study and in the final interview stage of the research project.

The Selection of the Case Study Site and Negotiating Access

Certain criteria were identified for the selection of a suitable study location:

- To have implemented Project 2000.
- To be a reasonable travelling distance from the research centre.
- To be a "typical" site in terms of the links formed with higher education (as could be judged by the information available).
- To have no existing relationship between the research centre or members of the research team.

One Project 2000 site met all the inclusion criteria and access was successfully negotiated in March 1991. The key characteristics of this case study site are presented in Table 1.

Table 1 Key Characteristics of the Case Study Site

CHARACTERISTIC	1991	1993
Year of Project 2000 Commencement	1990	-
Qualification Awarded	First Level Nursing Qualification and Diploma in Higher Education	No Change
Branches Offered	Adult, Mental Health and Learning Difficulties	No Change
Annual Number of Intakes	3	2
Number of Students per Intake	60-70	70-80 (With Midwifery Students). To decrease to 50-60 in 1994.
Type of Higher Education Institution	College of Higher Education	No Change
Nature of Relationship with Higher Education	Associate School	School within the Higher Education Institution (April 1993)
Time Spent by Students at Higher Education Institution	First 16 weeks of CFP	No Change
Number of Nurse Teachers	60	Approx. 50
Employer of Nurse Teachers	Health Authority	Majority with the Health Authority. Minority with the Higher Education Institution.
Work Base of Nurse Teachers	Four Hospital Sites	One Central Site (Hospital)

To ensure all the members of the college staff were fully aware of the case study, a presentation was made detailing the research aims and methods to all the teaching staff in April 1991. This was followed up with a personal letter to ensure that everyone was fully informed about the research project. Further information regarding the research was given on an individual basis when the researcher had contact with the college staff.

Summary of the Methods of Investigation

1. The preliminary exploratory work involved observation at meetings, informal discussion with individuals and groups, and documentary review of a variety of documents relating to Project 2000 implementation.

2. All nurse teachers were requested to complete a questionnaire (Appendix 1A) in which information was collected using open and closed questions. The questionnaire data was also used to identify individuals for interview.

3. In depth interviews were conducted with ten nurse teachers to explore in greater depth their experiences of being involved with the introduction of Project 2000 and the resulting changes in their role.

Ethical Considerations

These relate largely to issues of anonymity and confidentiality. It is important that the anonymity of the case study site is protected and to these ends, neither the name of the college of nursing or the higher education institution is given in written or verbal communications. The researchers had privileged access to information concerning the case study site and such information has to be treated as confidential. The anonymity and confidentiality of individual respondents has also been protected in all communications.

The Exploratory Work

The research commenced with documentary review, observation and informal discussion. The exploratory work was valuable in highlighting to the research team issues to explore in both the modified Delphi study and at a later stage of the case study.

Documentary Review

A variety of documents relating to the introduction of Project 2000 were reviewed and content analysed. Examples include, the minutes of Project 2000 curriculum planning meetings from 1988, minutes of management meetings from 1986, and the course submission documentation.

The documentary review provided information concerning the organisation, the process of planning for Project 2000 and the course itself.

Observation and Informal Discussion

A variety of meetings were observed (curriculum planning meetings, management meetings, teaching team meetings) in both a non-participant and participant role.

Informal discussion was undertaken with the Principal, Vice-Principal, the Principal Lecturer at the higher education institution and a number of teachers individually and in groups.

Observation and informal discussion facilitated an insight into what the "real life" issues were for nurse teachers involved in the process of implementing Project 2000.

The exploratory work revealed the organisation to be large and complex. It was decided on these grounds and because of time constraints to use a questionnaire as a method of obtaining further information regarding the experiences of nurse teachers in implementing Project 2000

and as a means of identifying individuals who could be useful informants in the in-depth interviews.

The Survey at the Case Study Site

A descriptive survey using a postal questionnaire was used to obtain information about the characteristics of the sample and their views on certain issues (Appendix 1A)

The Sample

The sample for the survey consisted of all the nurse teachers at the case study site - a total sample of 60. The seven midwife teachers employed by the collége were not included in this survey.

Development of the Questionnaire

The development of the questionnaire (Appendix 1A) was guided by the aims of the study, the issues arising from the exploratory work and the literature.

The questionnaire collected data on seven main areas:

- The characteristics of the sample.
- The views of the sample on Project 2000.
- The changes occurring in the role of the nurse teacher.
- The role of the nurse teacher in the clinical area.
- Nurse teacher preparation courses.
- The continuing professional educational needs of nurse teachers.
- The formation of links with higher education.

Some questions were pre-coded in anticipation of the analysis phase of the research and the remaining questions were coded using a coding frame developed following data collection.

Three questions utilised a Likert scale to collect data regarding the respondents attitudes to particular constructs.

Many of the questions were similar in wording to the questionnaires developed for stage one of the modified Delphi study but in the case study questionnaire they were presented in a more personalised form. Unfortunately piloting of the case study questionnaire was not possible because of concerns regarding the contamination of the sample for the modified Delphi study. Two experienced nurse teachers reviewed the questionnaire and suggested an alteration in the wording of one question to improve clarity. The pre-piloting of the questionnaires used in stage one of the modified Delphi study was conducted at the same time and it was possible to take into consideration any comments made concerning these similar questionnaires.

Collection of the Data

The postal questionnaire with a covering letter was sent to all sixty nurse teachers listed as being employed by the college in November 1991. Thirty questionnaires were returned completed and one questionnaire was returned stating that the individual had retired. A follow-up of the 29 non-responders was conducted in December 1991 with the result that a further nine completed questionnaires were returned with another two stating that the individuals had retired. Therefore, a total of 39 completed questionnaires were returned, giving an overall response rate of 65% (a response rate of 68% when adjusted for the individuals who had retired).

Analysis of the Data

All the data obtained were numerically coded following the completion of the data collection phase. The open questions were content analysed and coded. The open questions allowed each individual ***three responses***. (NB: This needs to be considered when interpreting the tables of results related to this questionnaire). The data collected were statistically analysed using the Statistical and Presentation Software Systems (SPSSx) computer program.

Descriptive statistics were mainly produced although some relationships between variables were explored using non-parametric statistics (Chi-Square Tests).

In-depth Interviews

The in-depth interviews formed the final stage of the case study and permitted further insight into how Project 2000 had changed the role of nurse teachers. In addition the contextual issues surrounding the introduction of Project 2000 were explored.

The interviews commenced approximately 15 months after the completion of the questionnaires and they were conducted in two stages - four in May 1993 and six in November/December 1993. The aim was to interview a total of ten nurse teachers and although this may be considered a small number of interviews this does in fact comprise 25.6% of the sample of nurse teachers at the case study site.

The Sample

Ten nurse teachers were sampled from the survey sample (n=39) on the basis of information acquired from their completed questionnaires. This group of teachers were regarded as key respondents who would be able to make a valuable contribution to the study in the light of their experiences and personal characteristics (for example age, gender, length of time in nurse education, branch programme input and degree status).

All ten nurse teachers selected on the basis of their potential contribution to the study agreed to be interviewed (100% response rate).

Development of the Interview Guide

The development of the interview guide (Appendix 1B) was informed by the aims of the study, the issues arising from the previous stages of the case study and data obtained from the modified Delphi study. Prior to each individual interview, the respondent's questionnaire

was reviewed and areas were identified relating to the aims of the study in order to explore these in greater depth.

Collection of the Data

Each respondent was contacted by telephone to arrange a convenient time for interviewing and the interview commenced with the researcher providing information about the research and obtaining their informed consent.

Nine interviews were conducted within the college of nursing (in either the teacher's office, classroom or coffee room) and one at the research centre. No time limit was imposed upon the interviews and they lasted between one and two hours. While an interview guide was employed in the research, the style and overall structure of the interviews altered during the course of data collection, in keeping with the theoretical basis of in-depth, qualitative interviewing (Antle-May, 1989). A conversational style was employed with opportunity given for interviewees to discuss issues of importance to them to ensure that the interviews were not constrained by the researcher's own agenda.

Each interview was audio taped with the interviewee's permission. In addition to the audiotape, field notes were made to record any other relevant data not documented in the taped interview (for example any unrecorded discussion between the interviewee and the researcher). Observational, theoretical and methodological notes (Schatzman & Strauss, 1973) were subsequently made and facilitated the analysis.

Analysis of the Data

The interviews were analysed concurrently (Strauss and Corbin, 1990) and any themes or categories arising from one interview were "checked out" in subsequent interviews. This allowed the themes arising in the research to be further explored and their validity investigated.

The interviews were transcribed and the transcripts analysed using a thematic or ethnographic content analysis to discover the common and important themes. The process taken was similar to that used in grounded theory (Strauss and Corbin, 1990). Initially the data were open coded using key phrases that attempted to capture the essence of the data. As the open coding proceeded some codes were grouped together with other codes to form categories or themes and finally attempts were made to link the emerging categories through diagramming. Keeping in mind the overall aims of the case study, meaning was constructed through the relationships and links drawn from this diagramming process (Strauss, 1987). This led to a well-integrated understanding of the processes occurring within the study site.

PART TWO: THE MODIFIED DELPHI STUDY

Part two of the research project was a modified Delphi study consisting of three stages:

1. A first (exploratory) questionnaire.

2. Focus group interviews.

3. A final questionnaire.

The Delphi technique is a methodological tool for problem solving, planning and forecasting developed in the 1950s by the Rand corporation (Dalkey and Helmer, 1963) which was adopted by nurse researchers in the 1970s (Bramwell and Hykawy, 1974, Lindemann, 1975). The technique attempts to gather expert opinions to use as a basis for decision making. These experts are selected on the grounds of their having particular knowledge in the area of the research and are not considered to be a representative sample. The main characteristics of Delphi studies according to Strauss and Zeigler (1975) include the following:

- the use of a panel of experts to obtain information.

- a survey conducted in writing using a series of questionnaires.

- an attempt to produce a consensus of opinion and identify opinion divergence.

- the anonymity of panel members and their statements.

- the use of iteration and controlled feedback of results from previous stages. The experts are allowed to review and to revise their opinions after reflecting upon both the group's and their own opinions.

This project used a modified Delphi technique by having a series of focus group interviews between the two stages of the questionnaire, as a means of exploring in depth the issues arising from the study and to generate rich qualitative data to inform further stages of the research, namely the final questionnaire and telephone interviews. While it is considered that this was advantageous to the project, it prevented full feedback of results to participants after the first questionnaire and hence did not fully allow for them to reflect and revise their opinions in the final stage.

Delphi studies are frequently criticised for their sampling methods (Sackman, 1975). A strength, however, of this study is that it modified the traditional selection of participants by combining the use of random sampling with that of obtaining an expert panel.

This study used data, generated from stages one and two of the modified Delphi study along with the case study, to explore the issues relating to the overall study aims in a structured way in the final stage of the modified Delphi study.

The Sampling Strategy for the Modified Delphi Study

A major part of the first year of the project was involved with the development of the sampling frame for the modified Delphi study. This work was extremely time consuming. The research team were granted access to the database of all registered nurses, midwives and health visitors held by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). This enabled the distribution of questionnaires, using a random sampling technique, to named individuals recognised as teachers of nurses and midwives. There are, however, a number of difficulties with the use of the records of the UKCC as the source for a random sample. The Council does not hold current employment information. If an individual holds a nurse teacher qualification and has an effective registration this does not imply that he/she is practising as a nurse teacher. Neither can the Council vouch for the accuracy of address information. Since the research team felt that the benefits of gaining a random sample outweighed these disadvantages, it was necessary to increase the sample size

for the nurse teacher and midwife teacher groups by 50% in order to allow for a potentially high wastage rate (referred to in the response rate tables as "not eligible") .

The Sample Sub-Groups

This study used both random and purposive sampling methods. Purposive sampling was the only practical method to use for some sample groups because of factors such as sample group size and the unavailability of databases from which to acquire a random sample. However, the use of non-random sampling methods limits the generalisability of the research findings.

It was thought desirable to obtain the views of as many sections of the nursing profession as was feasible. In addition, the views of those individuals involved in the preparation of nurse teachers and from higher education were required in order to meet the aims of the research. The objective for the modified Delphi study was to have a total sample size of 600, stratified into six groups. The six groups in the sample were intended to reflect the range of expertise required to answer the research questions.
These six groups are described below.

1. **Nurse Teachers**

These were qualified nurse teachers who were involved in pre-registration (Project 2000 and non-Project 2000) and post-registration nurse education in England. As previously noted, a random sample of nurse teachers were obtained via the UKCC database.

2. **Specialist Nurse Teachers**

This group refers to four different groups of qualified teachers:

- Midwife Teachers.
- Lecturers in Health Visiting.
- District Nurse Tutors.
- Occupational Health Nurse Teachers.

This sample group was obtained in two ways. The Midwife Teachers via the UKCC (a random sample) and the other three groups from contact with individual educational institutions in England which were selected on a geographical basis. Details of the sampling are provided in the section on sample stratification.

3. Clinical Nurses

For the purposes of this research, Grade "G" practitioners were selected from six clinical areas:

- General/Acute Adult Nursing.
- Community Nursing (Health Visiting and District Nursing).
- Midwifery.
- Mental Health Nursing.
- Mental Handicap/Learning Difficulties Nursing.
- Children's Nursing.

This sample group was obtained through contact with two District Health Authorities in each of the former fourteen Regional Health Authorities in England. National Health Service trusts were also included (though at the time of the sampling frame's development they were the minority). Individual practitioners were nominated by their managers for inclusion in the study. Details of the sampling are provided in the section on sample stratification.

4. Managers

The majority of this group consist of Senior Nurse Managers (Acute and Community). The remainder being Unit General Managers. This group was obtained through contact with both the former Regional and District Health Authorities in England. Details of the sampling are provided in the section on sample stratification.

5. **Teacher Education Lecturers**

This group is comprised of individuals involved in the nurse teacher preparation courses approved by the English National Board in 1990-91. This sample group was obtained through contacting all the institutions conducting nurse teacher preparation courses in 1990-91. Four of these institutions did not respond to requests for information about their courses and the names of individual lecturers involved in nurse teacher preparation courses. The sampling from this group ensured representation from all institutions in the sampling frame.

6. **Link Lecturers**

This group is comprised of individuals based in higher education institutions with whom Colleges of nursing/midwifery have formed links for the provision of a Project 2000 course and who have an input to the Project 2000 course either in a teaching capacity or as curriculum advisers. This group was obtained by contacting all the principals of the Colleges of nursing/midwifery conducting Project 2000 courses at the time of the sampling frame's development. Information was received from 42 Colleges with two declining to become involved with the research. The sampling from this group ensured representation from all institutions in the sampling frame.

Stratification of the Sample

As this research focuses upon the role of the nurse teacher it was considered that nurse teachers themselves should form the largest sample group - 50% (300) of the sample. It was decided that the remaining five groups (Specialist Nurse Teachers, Clinical Nurses, Managers, Teacher Education Lecturers and Link Lecturers) should each form 10% (60) of the total sample. Hence the stratification was determined by the theoretical framework of the research rather than a representation of population size. This is outlined in Table 2.

Table 2: The Stratification of the Sample

SAMPLE GROUP	NUMBER	PERCENTAGE
Nurse Teachers	300	50
Clinical Nurses	60	10
Managers	60	10
Teacher Education Lecturers	60	10
Link Lecturers	60	10
Specialist Nurse Teachers	60	10
TOTAL	600	100

Stratification of the Sample Sub-Groups

Three of the sample groups are also stratified as described below.

Stratification of the Specialist Nurse Teacher Sub-Group

The Specialist Nurse Teacher sub-group was further stratified according to their proportion in the total population of qualified nurse teachers obtained from the statistics held on the English National Board teacher database (ENB,1991b) (Table 3).

Table 3: The Stratification of the Specialist Nurse Teacher Sub-Group

SAMPLE GROUP	NUMBER	PERCENTAGE
Midwife Teachers	46	76.7
Lecturers in Health Visiting	7	11.7
District Nurse Tutors	6	10
Occupational Health Nurse Teachers	1	1.7
Total	60	100

While the Midwife Teachers were randomly sampled, it was not feasible to randomly sample the other professionals considering the number of individuals required (14) and the potential difficulties of acquiring only those teachers currently working in the specified area. Hence, individuals were sampled purposively by the research team from the sampling frame which had been developed on a geographical basis.

Stratification of the Clinical Nurse Sub-Group

It was not possible or feasible to obtain a random sample of clinical nurses. Initially it had been hoped to use the ENB database of nurses with the ENB 998 (Teaching and Assessing in Clinical Practice) as a means of acquiring a sample of experienced and currently practising clinical nurses with possibly an interest in student education. However, access to this database was denied and as it was not feasible to use the UKCC database the research team developed their own sampling frame.

Individuals were sampled purposively by the research team from this sampling frame on a regional basis. Although not randomly selected, it was felt that these individuals would be able to offer valid and up-to-date views as they were known to be currently practising in their respective areas of speciality and were selected by their managers as being appropriate clinical nurses to be involved in the research. The groups into which this sub-group were stratified represented the four branch programmes of Project 2000. Midwifery and Community Nursing (district nursing and health visiting) were also included as two distinct groups within the profession. This is presented in Table 4. It was decided that each of these specialities should be equally represented in the sample sub-group. The size of this sub-group (60), negated the inclusion of any further areas of clinical speciality.

Table 4: The Stratification of the Clinical Nurse Sample Group

SAMPLE GROUP	NUMBER	PERCENTAGE
General/Acute Nurses	10	16.7
Community Nurses	10	16.7
Midwives	10	16.7
Mental Health Nurses	10	16.7
Mental Handicap Nurses	10	16.7
Children's Nurses	10	16.7
TOTAL	60	100

Stratification of the Manager Sub-Group

It was again not possible to obtain a random sample of health service managers as no database was in existence for the research team to use. Individuals were selected from the sampling frame developed by the research team on a geographical basis and according to their area of responsibility. It was possible that the major changes in the management of the National Health Service occurring at the time of the sampling frame's development may have caused problems in the accurate identification of this group. The stratification of this group is presented in Table 5.

Table 5: The Stratification of the Manager Sample Group

SAMPLE GROUP	NUMBER	PERCENTAGE
Senior Nurses	46	77
Unit General Managers	14	23
TOTAL	60	100

Sampling Summary

A random sample of nurse teachers and midwife teachers was obtained through the use of the database held by the UKCC. The other groups in the sample were purposively sampled using factors such as geographical region and clinical speciality. The sampling process ensured representation from all the institutions conducting teacher preparation courses during 1990-91 and the Project 2000 higher education link institutions who existed in 1991 and who had responded to the request for information.

The Design of Stage One of The Modified Delphi Study

The first stage of the modified Delphi study was a descriptive survey using a postal questionnaire to collect information about the characteristics of the sample and their views on issues relating to the aims of the study. This first questionnaire formed the initial stage of a modified Delphi study and was therefore largely exploratory in nature using open ended questions to gather information for further exploration in later stages of the research, namely the focus group interviews and the final questionnaire.

The Development of the Questionnaires

Six self-administered postal questionnaires were developed (Appendix 1C), one for each of the sample groups. The overall design of the questionnaires aimed to elicit data which would inform and assist in achieving the aims of the project. A great deal of preparatory work was undertaken and members of the research team utilised a number of sources to assist in the design. Background information was obtained from the extensive literature available on nurse education, and up-to-date trends and issues were highlighted by attendance at key groups and committees. The questionnaire design was also informed by the data obtained at the case study site, the "lived" experience of nurse teachers providing a rich source of fundamental issues and potential trends.

The questionnaires collected data through the use of both open and closed questions on a number of areas, for example: the characteristics of the sample, the changes occurring in the role of the teacher, the content of nurse teacher preparation courses, the formation of links between nurse education and higher education. A number of questions used a Likert scale to collect data regarding respondent's attitudes to particular issues.

The Pilot Study

Pre-pilot work was carried out by asking five experienced nurse educators (including lecturers in health visiting and district nursing) to review the questionnaires and comment on such aspects as layout, sequencing and potential ambiguities in question wording. Minor adjustments were made in light of comments received.

A pilot study was conducted in Northern Ireland and Scotland. The choice of these sites avoided using any potential participants in the modified Delphi study, which was to be conducted in England. Respondent groups were chosen to be as similar as possible to those in the modified Delphi study and therefore included respondents from all the proposed sub-groups. Stratification of these groups followed a similar structure where possible to that of the modified Delphi study. The Northern Ireland pilot site had Project 2000 in progress while the site in Scotland had not yet commenced Project 2000.

The pilot study highlighted some minor improvements required in the questionnaire design and enabled the research team to assess the distribution method for the questionnaires and the appropriateness of the various sample groups included in the study. The use of an incentive to enhance the response rate was also explored during the pilot study. Detailed information concerning this pilot study was presented in the first interim report of this research project.

The Collection of the Data

The postal questionnaire, together with a covering letter and an incentive/interview form (see Appendix 1D) were sent to all members of the sample. The purpose of the interview form was to develop a further sampling frame for the focus group interviews. Non-responders were sent a second copy of both the questionnaire and incentive/interview form after approximately three weeks with a second follow up after six weeks. The further assistance of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) was required to follow up the nurse teacher and specialist nurse teacher groups.

The Response Rates

The presentation of the response rate for the first questionnaire is complex because of the number of sample sub-groups and the differing methods of sampling used in the study and hence for clarity the response rates are summarised in Table 6.

The use of the register held by the UKCC resulted in the return of a number of questionnaires from teachers who were not currently employed as nurse/midwife teachers or who had retired (this group is referred to as "not eligible" in Table 6). There was also some "not eligibles" in the other groups, even though these consisted of named individuals, as a result of people leaving their posts prior to receiving the questionnaire.

The overall response rate including the "not eligibles" was 75.1% and excluding the "not eligibles" was 54.6%. However, the sample size obtained (516) was 86.0% of the target sample size (600). Some sample members, because they did not complete the address section of the questionnaire (five nurse teachers and four midwife teachers), could not progress to future stages of the modified Delphi study.

Table 6: Final Response Rates to Questionnaire 1

GROUP AND TARGET SIZE	NO OF QNs SENT	NO OF QNs RETURNED	RESPONSE RATE (%)	NOT ELIGIBLE	ADJUSTED RESPONSE RATE	% OF TARGET SAMPLE
Nurse Teachers (Target = 300)	600	429	71.5	162 (27.0%)	267 (44.5%)	89.0
Clinical Nurses (Target = 60)	60	47	78.3	3 (5.0%)	44 (73.3%)	73.3
Managers (Target = 60)	60	50	83.3	2 (3.3%)	48 (80.0%)	80.0
Teacher Education Lecturers (Target = 60)	60	47	78.3	4 (6.7%)	43 (71.7%)	71.7
Link Lecturers (Target = 60)	60	49	81.7	3 (5.0%)	46 (76.7%)	76.7
Specialist Nurse Teachers (Target = 60)	106	88	83.0	20 (18.9%)	68 (64.2%)	>100.0
TOTAL (Target = 600)	**946**	**710**	**75.1**	**194 (20.5%)**	**516 (54.6%)**	**86.0**

The Analysis of the Data

All the data obtained from the returned questionnaires were coded numerically. The open questions allowed each individual ***three responses***. (NB: This needs to be considered when interpreting the tables of results related to this questionnaire). The data from the open questions were subjected to content analysis and coded in order to allow the data from these questions to be entered into the Statistical and Presentation Software Systems (SPSSx) computer program. At this stage of the research only descriptive data were required for further exploration in the focus group interviews and in a final questionnaire.

Large numbers of categories were produced from the content analysis of the open questions, and it was decided to only utilise those categories identified by a minimum of 10% of the total sample in the further stages of the modified Delphi study. There was a danger of the nurse teacher responses (as a result of the group's size) overwhelming any differing responses of the smaller sample groups, a particular concern for the construction of the second and final questionnaire. Therefore any differing opinions of the smaller sample groups were preserved by analysing their responses separately for those questions collecting data for further exploration in the later stages of the project. By this method it was hoped that the expertise and views of all the individual sample groups would be maintained into the next stages of the modified Delphi study.

The Design of Stage Two of The Modified Delphi Study

The second stage of the modified Delphi study was a series of facilitated focus group interviews using a semi-structured interview schedule to guide the discussion. This second stage was seen as a way of exploring in greater depth areas of importance which arose from the first stage of the Delphi study and also the case study.

Focus Group Interviews

Focus group interviews have been defined by Nyamathi & Schuler (1990) as

> *"...a qualitative research method for gathering information which, when performed in a permissive non-threatening group environment, allows the investigation of a multitude of perceptions on a defined area of interest."*

In simple terms, a focus group interview is where a group of appropriate respondents and facilitators are gathered together for the purpose of generating discussion focused towards specific topic areas; these areas are generally directly linked towards the aims of a particular research project.

There are a number of potential approaches to focus groups. Calder (1977) describes the exploratory approach in which the data from the groups can generate theoretical hypotheses for testing in further research. Focus groups conducted using an exploratory approach aim to "validate constructs prior to proceeding to the development of more quantitative measures" (Kingry et al, 1990) and as such are very useful as a stage within a research design which takes a mainly quantitative approach. Closed-ended questionnaire items are often generated only from the researchers' perspective. Using focus groups to inform questionnaire development can lead to greater questionnaire validity.

Calder (1977) comments that focus groups are also useful in interpreting results from quantitative studies in that they can provide insights into the meaning and interpretation of the results. It is important to acknowledge, however, that inferences cannot be drawn to a larger population from the results of these groups (Biel, 1978).

The focus groups were of great value to the research team in the generation of items for the third stage of the modified Delphi study and by allowing certain themes to be explored in greater depth.

Of the many advantages of focus group interviews, the research team found particular value in the data which was generated by the dynamic group interaction inherent in the group process. This quality of the process has the potential to identify important constructs which may be lost with individually generated data as from a one-to-one interview. Kitzinger (1994) comments that with skilled facilitation, the conflict that can arise between participants can be used to clarify why people believe what they do. The aim, therefore, is not always to achieve consensus in the discussion, but to highlight where views differ in order that participants can reflect upon each others ideas and so develop their own.

The Aims of the Focus Group Interviews

The main aims of the focus group interviews were as follows:

1. To explore in greater depth themes arising from the earlier stages in the research.

2. To highlight current issues that might have implications for the role of the nurse teacher.

3. To gather further data for feedback in the final questionnaire.

The Sampling Strategy for the Focus Group Interviews

Each questionnaire distributed in the first stage of the modified Delphi study was accompanied by a form (Appendix 1E) which sought the respondent's willingness, in principle, to attend a group interview. Those respondents who expressed agreement were then categorised by sample sub-groups into three geographical regions; Northern, Central and Southern England.

Random sampling of the sub-groups was conducted and these respondents were then contacted with a view to being a participant in a focus group to be held in their region.

Stratification of the Sub-sample within the Focus Groups

Three group interviews were conducted. The focus groups were chosen to be as similar as possible in composition to those within the sampling frame for the modified Delphi study and therefore included respondents from all the sub-groups. Stratification of these groups followed, where possible, a similar structure. The heterogenous nature of the groups was considered to be an important factor in stimulating debate. Table 7 illustrates the composition and stratification which was planned for each of the three focus groups.

Table 7: The Stratification of the Focus Group Interview Sample

GROUP	NUMBER
Nurse Teachers	5
Specialist Teachers	2
Clinical Nurses	2
Managers	2
Teacher Education Lecturers	2
Link Lecturers	2
TOTAL	15

Careful consideration was also given to the size of the group. The quality of the interview can be threatened if the numbers are large (Hedges, 1985). Sub-groups can form and begin to hold simultaneous conversations to the main discussion. It can also take much longer to ensure that everyone has their say on the topic. A group which is too small also has disadvantages. The conversation may seem somewhat concentrated and the participants are more likely to feel threatened and forced to participate before being ready (Levy, 1979).

Table 8 outlines the actual composition of the total sample for the focus group interviews.

Table 8: The Stratification of the Total Focus Group Interview Sample

GROUP	NUMBER	%
Nurse Teachers	11	37.9
Specialist Nurse Teachers	6	20.7
Clinical Nurses	2	6.9
Managers	2	6.9
Teacher Education Lecturers	3	10.4
Link Lecturers	5	17.2
TOTAL	29	100.0

The Development of the Focus Group Interview Guide

The amount of structure within a focus group interview will depend on its function. In general a fairly structured approach is necessary if the aim is to have an exploratory focus group. Wells (1979) points out that it is;

> *"...far more important to listen and react perceptively to what respondents are saying than to emit a volley of questions".*

To this end, the questions were devised to cover the topics in a way that had the potential to provide some flexibility for the facilitators.

A semi-structured interview guide was devised for use by the facilitators of the focus groups (Appendix 1F). The overall design of the interview guide enabled the exploration in greater depth of themes which arose from earlier stages of the research and acted more as an aide-memoir rather than being so restrictive as to demand a pre-determined order of questioning.

Initial results from the first questionnaire of the modified Delphi study and issues emerging from the case study site highlighted a number of potentially interesting topics. From these topics a number of trigger questions were developed and these formed the basis of the interview guide. A number of the initial results were also incorporated and these were fed-back to the participants as an added trigger for discussion.

In addition, the guide was designed to incorporate two main sections: the Role of the Nurse Teacher; and the Preparation and Continuing Education of Nurse Teachers.

Piloting the Focus Group Interview Guide

A separate focus group interview was held with the aim of piloting the interview guide developed, in order to test its comprehensibility and efficacy as a trigger for discussion.

The selection and recruitment of the participants for this focus group followed a similar framework to that planned for the main group interviews. Nine respondents were invited to participate in the focus group interview but only five attended. The structure and length were also comparable in order to highlight any potential problems with the conduct of the interview.

The interview guide was judged to be satisfactory for its purpose. The small number of respondents (n=5) attending this pilot interview however, emphasised the need to ensure an adequate attendance rate in the main focus groups in order to encourage the richness of discussion necessary for data collection.

The Organisation of the Focus Group Interviews

Contact and Consent

Potential participants who had been identified by random sampling, were initially contacted by a letter (Appendix 1G) which outlined the nature of the group interview and inquired

whether they would be able to attend. A reminder to non-responders was posted 3 weeks later.

Those respondents who agreed to participate were contacted by letter nearer the date of the interview with confirmation of the date and venue of the meeting. A list of topic areas was also included with this letter (Appendix 1G) with a request that the participants gave some consideration to their views on these areas prior to attending the meeting.

Location of the Focus Group Interviews

Three sites were chosen to conduct the group interviews: Manchester; Birmingham; and London. This enabled respondents to attend from as wide a geographical area as possible. The choice of venue at these locations was relatively central, with consideration being given to ease of access for participants travelling by public transport. Light refreshments and sandwiches were provided on arrival in order to ensure comfort and a welcome for those attending.

Conduct of the Focus Group Interviews

The amount of structure within a focus group interview will depend on its function. Generally a fairly structured approach is necessary if the aim is to provide insights into the meaning and interpretation of results from quantitative work. Given that this was the primary aim of our focus groups, the facilitator style was guided by the need for some degree of structure to the interview. The interview guide which had been developed was found to be a useful tool in achieving this structure. Questions on the guide moved from the general to the specific and from the non-threatening to the more challenging areas. Visual aids which included some of the initial findings from the first questionnaire were also presented. These were found to be very useful triggers for discussion.

Skilled facilitation, however, involved some degree of flexibility and a balance had to be struck between following the interview guide but being able to maintain group enthusiasm

and interest by following the participants' agenda. The awareness of group processes was vital. The ability to create an environment of trust was important in order that participants could feel that their contributions were valued and that they had permission to express themselves openly without judgement or criticism. Facilitation also involved the need to pick up on cues and encourage expressions of minority views as well as areas where there was consensus. All the focus groups were conducted by the same primary facilitator. There is general agreement in the literature that the facilitator's role is a crucial one for the success of the group (Bellenger et al, 1979; Nyamathi & Shuler, 1990; Kitzinger, 1994). Maintaining the consistency of the primary facilitator was helpful in enabling the facilitator to develop the skills necessary for the conduct of the groups.

At least two members of the research team were present at each group interview; one to act as primary facilitator and the other to take responsibility for taping and for writing of observational notes. These observational notes had two main aims; to give data on any non-verbal communication and to enhance the validity of the taped comments.

The group interviews were tape-recorded using a PZM Microphone which is specifically designed for conference recording. The interviews lasted 2 hours with a short break for refreshment. This break also enabled the facilitators to review progress and refocus, when necessary. Time was allowed at the end of the interview to circulate an evaluation sheet (Appendix 1H) which asked for feedback from the participants on the organisation and conduct of the interview. This document also included a section which outlined the main discussion areas once more and enabled the participants to add any written comments which they had felt unable to share in open discussion or which time had not allowed them to share. In the week following the interview, a letter was sent to the participants thanking them for attending the discussion (Appendix 1I).

Analysis of the Focus Group Interviews

All analytic techniques for focus group interview data require transcription of the interview as a first step. Verbatim transcripts of the tapes from the focus group interviews were typed

as soon as possible after the interviews had been held. Transcripts from focus groups do not reflect the entire character of the discussion (Stewart & Shamdasani, 1990) and where appropriate the observational notes were used as an additional data source.

The content of the discussion was examined and the meaning and relevant implications for the research questions were explored. The more detailed analysis followed Stewart & Shamdasani's (1990) structure of data making which involved unitizing, sampling and recording. Content analysis, involving open-coding (Strauss & Corbin, 1990), was also incorporated to assist in the discovery of categories and themes which linked with the main aims of the study. Regard was also taken of the need to enhance understanding of quantitative findings from the initial questionnaire.

The Design of Stage Three of The Modified Delphi study

The aim of this final stage was to present to the original sample the main issues generated from the research project for their assessment, and to elicit data to inform and facilitate the researchers in achieving the aims of the project.

The Development of the Questionnaire

While the first stage of the modified Delphi Study had seen the development of six individual questionnaires for each of the sample groups, for this final stage a single self-administered postal questionnaire was developed for distribution to all sample groups (Appendix 1J).

The final questionnaire required sample members to assess issues identified from the earlier stages of the research using a series of linear analogue scales. The scale descriptors chosen were those considered to be the most appropriate in terms of meeting the aims of the study i.e. probability and desirability of events occurring. The descriptor "importance" was also used for the assessment of course components. It was also decided to use a "modifier" (Turoff, 1970) to allow sample members to declare themselves unqualified in response to some of the questions as it was recognised that given the heterogeneity of the sample, some

participants may have little knowledge of some of the areas under study. The item pool was developed from the previous findings of the research and ensured that both majority and minority opinions were captured. Demographic data was also collected to enable the researchers to investigate the relationships between demographic variables and opinions expressed. While this resulted in rather a lengthy questionnaire being developed, this is not unusual in Delphi studies (for example, Bond and Bond, 1988; MacMillan et al, 1989; White, 1991).

The Pilot Study

The pilot study utilised again the participants from the pilot study of the first questionnaire (stage one of the modified Delphi study) and was therefore conducted in Northern Ireland and Scotland. The pilot work led to some minor alterations in the question wording.

The Sample

The sampling strategy used in the modified Delphi study and the response rates following stage one of the modified Delphi Study are reported on in Table 6. Further attrition of the original sample had also occurred during the second stage of the modified Delphi study with the research team being notified of some sample members' retirements.

The stratification of the sample at the commencement of the third stage of the modified Delphi study is presented in Table 9. It is of note that the stratification corresponds closely to that determined at the beginning of the research project.

Table 9: The Stratification of the Sample at the Commencement of the Third Stage of the Modified Delphi Study

GROUP	NUMBER	% OF SAMPLE
Nurse Teachers	258	51.7
Clinical Nurses	44	8.8
Managers	47	9.4
Teacher Educationalists	43	8.6
Link Lecturers	46	9.2
Specialist Nurse Teachers	61	12.2
TOTAL	499	100.0

The Collection of the Data

The postal questionnaire, together with a covering letter and interview form (Appendix 1K) were sent to the sample in November 1993 with a follow up of non-responders in December 1993. A selection of nurse teachers and all teacher education lecturers also received an interview form (Appendix 1K). The purpose of this was to acquire a further sample for part three of the study.

The Response Rates

The response rate for the final stage of the Delphi study was 71.3% (Table 10). Table 10 also details the response rates for each of the sample groups.

This stage of the research again used an incentive to enhance the response rate.

Table 10: The Response Rates for the Third Stage of the Modified Delphi Study

GROUP	DISTRIBUTED	RETURNED	%
Nurse Teachers	258	193	74.8
Clinical Nurses	44	26	59.1
Managers	47	33	70.2
Teacher Educationalists	43	31	72.1
Link Lecturers	46	28	60.9
Specialist Nurse Teachers	61	45	73.8
TOTAL	499	356	71.3

The Analysis of the Data

As the questionnaire utilised only closed questions, the data were coded using a pre-designed coding scheme. The data were analysed using the Statistical and Presentation Software Systems (SPSS/PC 4.0) computer program.

Data regarding the relative probability and desirability (using a six point scale) for each question was recorded to form two new variables, probability and desirability, as were the data using importance as the scale descriptor. So, for example, **for a change to be identified as "probable" [4] within the findings, at least 70% of respondents will have rated it in this way.** This criteria is applied to all the variables. This was used to produce descriptive statistics regarding the relative probability, desirability and importance for the relevant questions.

[4]Judged as probable within a time frame of five years

Non-parametric statistics (Chi-square, Phi/Cramer's V) were used to investigate relationships between some demographic key variables and the opinions of sample members. The key variables which were used for the purposes of inferential statistics were the following:

1) Year of Project 2000 commencement.

2) Stage of Project 2000 course.

3) Relationship formed between the college of Nursing/Midwifery and the higher education institution.

4) Sample group.

5) Degree status of teachers.

6) Length of time as a nurse teacher.

7) Project 2000 branch teaching contribution.

The investigation of the influence of variables 1 to 4 was one of the aims of the research (aim four) while data collected in the earlier stages of the research indicated other variables of interest (variables 5 to 7). A significance level of .05 was established for the rejection of the null hypothesis.

As is the case for most studies further statistical analysis could have been performed, however, the strategy of the analysis developed aimed to ensure that the researchers answered the research questions and remained within the time frame of the study.

PART THREE: THE TELEPHONE INTERVIEWS

The final stage of the research project was a telephone interview survey of nurse teachers and teacher educationalists. This final stage was seen as a way of gaining more information with regard to initial teacher preparation courses and continuing professional and academic needs of nurse teachers. A number of other interesting areas were explored, particularly those which had been highlighted in previous stages of the research e.g. role change. Opportunity was also taken to discuss levels of job satisfaction.

Telephone Interviews

Telephone interviews are a way of conducting one-to-one interviews without the necessity of either respondent or interviewer having to travel to a mutually convenient venue. This means that interviews can be conducted with respondents over a wide geographical area without the consequent expense of both time and travel.

There are, however, certain limitations to this approach. May (1991) comments that "skilful interviewing is characterized by the extent to which the investigator can establish rapport". This rapport is often easier to achieve in face-to-face interviewing, when non-verbal cues and para-language can assist both the interviewer and respondent in establishing a relationship where information can be shared. Conducting an interview by telephone requires that the interviewer has clear enunciation and a skilled telephone manner which can help in establishing the necessary rapport. The research team also found that the initial contact by telephone to set up an interview time was a useful way to help establish this relationship.

Worth & Tierney (1993) point out the potential difficulty concerning the amount of extraneous information which can be given during a telephone interview. Often it can be difficult to limit an interviewees responses when the interviewer has only verbal means with which to do this and it can often appear abrupt to interrupt in this way. The use of non-verbal techniques can often assist this during face-to-face interviews. Given the highly structured nature of the schedule used in the telephone interviews, this problem seldom arose.

The Aims of the Telephone Interviews

1. To explore the perceptions of the respondents with regard to initial teacher preparation courses and continuing education needs within a Project 2000 framework.

2. To measure levels of job satisfaction from more recently qualified nurse teachers (4 years or under).

3. To gain further information in relation to role change, the amalgamation of Colleges of Nursing and Midwifery and links with higher education.

The Sampling Strategy for the Telephone Interviews

Recruitment of a sample for the structured telephone interviews occurred during the final stage of the Delphi study. Those nurse teachers who had qualified as teachers since 1989 were identified (n=62) and along with all the teacher education lecturers (n=43) had a form enclosed with their questionnaires seeking their consent to be interviewed (Appendix 1K). It was felt that in order to explore perceptions of initial teacher preparation courses, teachers who had qualified relatively recently would be more able to recall their experiences on the course. Teacher preparation courses at this time would also have been expected to take account of the current changes in nurse education ie. Project 2000.

The sample then comprised of two sub-groups of the modified Delphi study sample; teacher educationalists and more recently qualified nurse teachers (4 years or under). All those nurse teachers and teacher educationalists who expressed agreement to be interviewed were contacted. The final response is outlined in Table 11.

Table 11: Response Rate in the Structured Telephone Interviews

SUB-GROUP	NUMBER OF RESPONDENTS	NUMBER OF INTERVIEWS CONDUCTED	RESPONSE RATE
Nurse Teachers	38	36	95%
Teacher Educationalists	23	18	78%
TOTAL	61	54	89%

The Development of the Telephone Interview Schedule

May (1991) points out that if the salient parameters of the topic under study are already known, it is appropriate for the interview schedule to be highly structured. A structured schedule was deemed to be an appropriate tool for the telephone interviews given the work that had preceded this stage of the research. The schedule mainly comprised fixed choice response questions which included the use of Likert scales. The research team was mindful, however, to capture data regarding real life experiences of nurse teachers and some open-ended questions were included. These were particularly useful in those areas where the research team were anxious not to limit the choice of responses which a respondent could make e.g. the main source of job satisfaction for nurse teachers.

Two interview schedules were devised, one for each sub-group of the sample (Appendix IL).

The Pilot Study

A small pilot study (n=12) was conducted with a sample with similar characteristics to the respondents in the main sample. Minor adjustments only were made to the interview schedules.

The Organisation of the Telephone Interviews

Contact

All those nurse teachers and teacher educationalists who expressed agreement to be interviewed had been asked to provide convenient telephone numbers and times to be contacted. In this way all potential respondents were contacted by telephone to arrange a convenient date and time for the interview. This telephone contact also provided a means for interviewers to introduce themselves and to remind the potential respondents about the aims of the study as a whole and the purpose of the telephone interview. An indication of the length of the interview (30-45 minutes) was also given in order that the respondent could pick a time which would be most convenient and likely to be without interruption.

This contact was confirmed by a follow-up letter which again outlined the aims of the interview and the approximate length of time which the interview would take. Although it can be difficult to supply stimulus or response material to telephone interviewees (Newell, 1993), pilot work had demonstrated that including the Likert scales to be used during the interview in this follow up letter worked successfully.

The Conduct of the Telephone Interview

Contact was made on the date and time agreed. As can be seen from Table 11, a good response rate was achieved. A small number of respondents were difficult to contact even after prior negotiation of the interview time and date. Respondents who could not be contacted on two separate occasions were then deemed non-responders. Respondents were given assurances on confidentiality.

Analysis of the Telephone Interviews

All data were coded numerically. The data from the open questions were content analysed in order to allow the data from these questions to be analysed using SPSS/PC 4.0. Descriptive statistics were used to produce frequency distributions and cross-tabulations.

STRENGTHS AND LIMITATIONS OF STUDY DESIGN

The sampling for the study involved a variety of strategies including a random sample of 267 nurse teachers. The sampling frame developed encompassed a broad range of representation from both the nursing profession and higher education, with the six sample groups being chosen to reflect the range of expertise required to answer the research questions. The heterogenous nature of the sample is considered a strength in enhancing validity.

The modification of the Delphi study combined the use of random sampling with that of obtaining an expert panel. The random samples of nurse teachers and midwife teachers were obtained through the UKCC Register and whilst this ensured that a random sample was obtained, the Council's Register does not hold up-to-date employment and address information. The sample size for the nurse teacher and midwife teacher groups were therefore increased by 50% to allow for a potentially high wastage rate and this resulted in increased financial costs. The development of the sampling frame for the other groups (ie. clinical nurses, managers, link lecturers, teacher educationalists, specialist nurse teachers) was time consuming in the identification of appropriate named individuals. This approach to obtaining a sample meant that only clinical nurses named by managers were included which may have influenced the results. The use of non-random sampling methods limits the generalisability of the findings.

The use of multiple methods in the study allowed a broader and more in-depth portrayal of the research issues. The blending of quantitative and qualitative data produced a deeper understanding of the phenomena under study. The use of case study methods, focus group and telephone interviews enabled the research team to debate and explore the real life experiences of the sample. The case study allowed the research project to maintain the holistic and meaningful perspective of teachers' experiences (Yin, 1989) and has enhanced the internal validity of the study.

While the longitudinal nature of the study allowed the research to follow the impact of Project 2000 implementation on nurse teachers, it posed some difficulties in the interpretation

of the findings. During the lifetime of the project, the sample was living through a period of extensive and rapid change which involved not only the major reforms in nurse education but also those within the National Health Service and higher education. It was difficult at times to disentangle those changes resulting from the reforms in nurse education from those in the wider context.

The Presentation of the Findings

The data reported in the study has been obtained by multiple methods. Where it is not explicitly stated in the text from which stage/method the data has been derived the following key is used:

QN1	First Questionnaire
QN2	Final Questionnaire
FGI	Focus Group Interviews
TI	Telephone Interviews
CSO	Case Study Exploratory Work
CSQN	Case Study Questionnaire
CSI	Case Study Interviews

CHAPTER THREE

CHARACTERISTICS OF THE SAMPLE AND THEIR EDUCATIONAL INSTITUTIONS

CHARACTERISTICS OF THE SAMPLE AND THEIR EDUCATIONAL INSTITUTIONS

The characteristics presented in this chapter focus predominantly on those of the sample used in the modified Delphi study, from which the samples for both the focus group interviews and telephone interviews were derived. The characteristics of the case study sample which are particularly pertinent to the research will also be highlighted in this section.
The data presented in this chapter provides a context for the research findings reported in chapters 4-7.

Data Relating to the Personal Characteristics of the Sample

This section presents the personal demographic characteristics of the sample. Nurse teachers comprise the main group in the study, with the other sample groups being represented in approximately equal proportions. The sample for the telephone interviews was also composed mainly of nurse teachers with one third of the sample being teacher educationalists (Table 12).

Table 12: Sample Stratification

GROUP	QN1 (n = 516)	QN2 (n = 356)	FG (n = 29)	TI (n = 54)
Nurse Teachers	267 (51.7%)	193 (54.2%)	11 (38%)	36 (66.7%)
Clinical Nurses	44 (8.5%	26 (7.3%)	2 (6.9%)	-
Managers	48 (9.3%)	33 (9.3%)	2 (6.9%)	-
Teacher Educationalists	43 (8.3%)	31 (8.7%)	3 (10.3%)	18 (33.3%)
Link Lecturers	46 (8.9%)	28 (7.9%)	5 (17.2%)	-
Specialist Nurse Teachers	68 (13.2%)	45 (12.6%)	6 (20.7%)	-
TOTAL	516	356	29	54

Gender

There were a majority of females in the sample for both the first (356, 70.2%) and final questionnaires (260, 73.0%). This gender balance is also reflected in the national statistics compiled by the ENB (1993). Female teachers form a smaller proportion at the case study site (19, 54.3%), which may reflect the emphasis in the college on mental health and mental handicap nursing as nationally there is a higher proportion of male teachers in these specialities (61% and 59% respectively) (ENB, 1992[5]).

Age

The majority of the sample for the final questionnaire (244, 68.5%) were between 24 and 47 years old, with 49 (13.7%) being 35 or under and 44 (12.4%) being aged between 54 and 65 years old (Table 13). A similar age distribution was found for both the samples of the first questionnaire and the case study (Table 13).

[5]Information cross-tabulating gender by speciality was not collected by the 1993 Teacher Establishment Data Synopsis

Table 13: The Age of the Sample (Nurse Teachers, Clinical Nurses, Managers, Teacher Educationalists, Link Lecturers and Specialist Nurse Teachers)

AGE (Years)	QN1 (n = 503)	QN2 (n = 356)	CSQN (n = 35)
24 - 29	13 (2.6)	3 (0.8%)	1 (2.9%)
30 - 35	87 (17.3%)	46 (12.9%)	6 (17.1%)
36 - 41	134 (26.6%)	90 (25.3%)	12 (34.3%)
42 - 47	135 (26.8%)	105 (29.5%)	7 (20.0%)
48 - 53	81 (16.1%)	68 (19.1%)	7 (20.0)
54 - 59	48 (9.6%)	37 (10.4%)	1 (2.9%)
60 - 65	5 (1.0%)	7 (2.0%)	1 (2.9%)
Missing	13	0	4
Total	503	356	35

Degree Status

Detailed information regarding the sample's academic and professional qualifications was collected by the first questionnaire. The final questionnaire collected only basic information regarding degree status for the purpose of using inferential statistics.

There has been an increase in the numbers of teachers with degree status, with 153 (64.3%) teachers[6] having achieved degree status by 1993 - an increase from that found in the first questionnaire (Table 14). This figure is slightly higher than the latest available national statistics which indicate that 59.9% of teachers have acquired a degree (ENB, 1993).

While teachers with a higher degree remain a minority, there has been a small increase between the first and final questionnaires (15.8% to 26.1%). However, the second

[6]136 (70.5%) nurse teachers and 17 (37.8%) specialist nurse teachers have acquired degree status.

questionnaire found that only 5 (2.1%) teachers had a research degree (Masters/Doctorate) (Table 15).

The proportion of specialist nurse teachers achieving degree status was found to have risen by approximately 50% from 19.1% (13, n = 68) to 37.8% (17, n = 45).

When the information regarding degree status was collected from the case study site (1991), 16 (41%) teachers were found to have acquired degree status with only 1 (2.6%) having a higher degree (taught Masters).

Table 14: The Degree Status of the Nurse Teachers and Specialist Nurse Teachers

DEGREE STATUS	QN1 (n = 335)	QN2 (n = 238)	CSQN (n = 39)
Bachelor's Degree	137 (40.9%)	130 (54.6%)	16 (41.0%)
Higher Degree	53 (15.8%)	62 (26.1%)	1 (2.6%)
Bachelor's Degree Only	103 (30.8%)	91 (38.2%)	15 (%)
Higher Degree Only	19 (5.7%)	23 (9.7)	0
Bachelor's Degree and Higher Degree	34 (10.2%)	39 (16.4%)	1 (2.6%)
Achieved Degree Status	156 (46.6%)	153 (64.3%)	16 (41.0%)
Not Achieved Degree Status	179 (53.4%)	85 (35.7%)	23 (59.0%)

Table 15: The Types of Degrees Awarded to the Nurse Teachers and Specialist Nurse Teachers at the Time of the Second Questionnaire (n = 238)

STATUS	NUMBER	%
Bachelor's Degree	130	54.6
Taught Master's Degree	58	24.3
Research Degree	5	2.1

DEGREE SUBJECT AREAS

The data collected by the first questionnaire regarding the degree subject areas held by the teachers in the sample found that there was a concentration of degrees in education and the social and behaviourial sciences (120, 65.2%) with only 32 (17.4%) of degrees being in nursing/midwifery and 12 (6.6%) in the biological/physical sciences (Appendix 2, Table 1). Data collected at the case study site revealed a similar picture with only 3 (18.8%) nurse teachers having a degree in nursing/midwifery and none having a science based degree (Appendix 2, Table 2).

YEAR OF DEGREE AWARDS

The majority of degrees were awarded between 1986 and 1992 (116, 59.8%) with 84 (43.3%) having been awarded in the period from 1989-92 (Appendix 2, Table 3). Again a similar picture was obtained at the case study site with 13 (81.3%) of degrees being awarded between 1986 and 1991 and 9 (56.3%) between 1989 and 1991 (Appendix 2, Table 4).

CURRENT DEGREE STUDIES

The first questionnaire revealed that 158 (47.5%) teachers were studying for a degree with 64 (40.5%) studying for a Bachelor's degree and 94 (59.5%) for a higher degree (Appendix 2, Table 5). A total of 224 (83.9%) nurse teachers were found to have acquired or to have been in the process of acquiring degree status at the stage of the first questionnaire. Of the 124 nurse teachers without a degree, 43 (34.7%) were not proceeding to obtain degree status. Very similar results were obtained at the case study site regarding the degree level studies of nurse teachers though fewer were studying for higher degrees (6, 15.4%) (Appendix 2, Table 6).

When the degree subjects that were being studied by teachers in the sample were examined (Appendix 2, Table 7), the most popular subjects again appeared to be education and social/behaviourial sciences. Only 27 (17.3%) were studying for degrees in nursing/midwifery. Again a similar picture was revealed at the case study site, with only 2 (10.0%) nurse teachers studying for a degree in nursing/midwifery and only one (5.0%) for a degree in the biological sciences (Appendix 2, Table 8).

PROFESSIONAL QUALIFICATIONS

Detailed information relating to other qualifications held by the Delphi study sample and case study sample are presented in (Appendix 2, Tables 9, 10 and 11). A sizeable proportion of the nurse teachers were registered clinical nurse teachers (QN1:100, 29.9%, n=267; CSQN:20, 51.3%, n=39). It is noteworthy given the emphasis of Project 2000 on primary health care that only 36 teachers (10.8%) at the time of the first questionnaire and 5 teachers (12.8%) from the case study site actually held community nursing qualifications.

Length of Time In Nurse Education

It was found in the final questionnaire that 86 (36.6%) teachers had worked in nurse education for five years or less and 149 (63.4%) for six years or more. Only 19 (8.1%) had worked for less than 3 years in nurse education (Table 16). This study had thus obtained a sample of experienced teachers. The teachers at the case study site demonstrate a similar level of experience in nurse education.

Table 16: Length of Time In Nurse Education (Nurse Teachers, Specialist Nurse Teachers)

LENGTH OF TIME	QN1 (n = 334)	QN2 (n = 235)	CSQN (n = 38)
Less than one year	36 (10.8%)	0	0
1 - 2 years	46 (13.8%)	19 (8.1%)	6 (15.8%)
3 - 5 years	86 (25.7%)	67 (28.5%)	10 (26.3%)
6 - 10 years	69 (20.7%)	57 (24.3%)	9 (23.7%)
Over 10 years	97 (29.0%)	92 (39.1%)	13 (34.2%)
Missing	1	3	1

Teaching Contribution To the Project 2000 Branch Programmes

The final questionnaire collected information relating to the teacher's main teaching contribution on the branch programmes. Of those teachers whose institutions were at the branch programme stage of Project 2000 (n = 152) the majority (70, 46.0%) were involved in teaching on the adult branch (Table 17). However, it appears that 46 (30.3%) teachers make no contribution to the branch programmes in progress at their college.

Table 17: Main Teaching Contribution of Nurse Teachers and Specialist Nurse Teachers to The Project Branch Programmes (QN2) (n = 152)

BRANCH PROGRAMME	NUMBER	%
Adult	70	46.0
Mental Health	15	9.9
Child	5	3.3
Mental Handicap	3	2.0
All Branches Equally	13	8.5
No Contribution	46	30.3

Data Relating to the Samples' Educational Institutions

Data were collected about the organisation within which the sample worked or to which their clinical area was allied. Data collected in the final questionnaire revealed that the educational institutions within which sample members worked were well distributed throughout England (Appendix 2, Table 12).

Project 2000

As illustrated in Table 18 Project 2000 had commenced in the majority 268 (93.4%) of the Colleges in which the nurse teachers/specialist nurse teachers worked or to which the clinical

nurses/managers were attached. Not surprisingly this marks an increase from the situation revealed in the first questionnaire, when Project 2000 had commenced in only 227 (63.8%) institutions (Table 18).

Table 18: The Commencement of Project 2000 (Nurse Teachers, Clinical Nurses, Managers and Specialist Nurse Teachers)

COMMENCEMENT OF PROJECT 2000	QN1 (n = 356)	QN2 (n = 287)
Project 2000 Commenced	227 (63.8%)	268 (93.4%)
Project 2000 Not Commenced	129 (36.2%)	17 (5.9%)
Don't Know	0	2 (0.7%)
Missing	3	10

There is a fairly even distribution of year of Project 2000 commencement which provided a spread of experience for the research to draw upon. By the time of the final questionnaire there were a further 59 (20%) respondents whose institutions had commenced Project 2000 in 1993 (Table 19). The case study site had commenced Project 2000 in 1990.

Table 19: The Year of Project 2000 Commencement (Nurse Teachers, Clinical Nurses, Managers and Specialist Nurse Teachers[7])

YEAR	QN1 (n = 270)	QN2 (n = 295)
1989	34 (12.6%)	33 (11.2%)
1990	106 (39.3%)	85 (28.8%)
1991	84 (31.1%)	57 (19.3%)
1992	46 (17.0%)	50 (17.0%)
1993	-	59 (20.0%)
Don't Know	0	11 (3.7%)
Missing	7	30

When the first questionnaire was distributed no student cohorts had completed a Project 2000 course but by the final questionnaire a sizeable proportion (122, 41.2%) had one or more student cohorts completing the course (Table 20).

Table 20: The Stage of Implementation of the Project 2000 Course (Nurse Teachers, Clinical Nurses, Managers, Link Lecturers and Specialist Nurse Teachers)

STAGE	QN1 (n = 168)[8]	QN2 (n = 296)
Common Foundation Programme Only	73 (43.5%)	82 (27.7%)
Branch Programme Only	95 (56.5%)	87 (29.4%)
One or more cohorts completed course	0	122 (41.2%)
Don't Know	0	5 (1.7%)
Missing	0	29

[7]This data was not collected from the specialist nurse teacher group in the first questionnaire

[8]This data was collected from the nurse teacher group only

The first questionnaire had found that the majority of the institutions in which nurse teachers work were running all four branch programmes (48, 50.5%, n = 95) (Appendix 2, Table 13).

Links Between Higher Education and Colleges of Nursing/Midwifery

The sample of nurse teachers and specialist nurse teachers, were asked about the relationship between the Colleges of nursing/midwifery in which they worked, and the institution of higher education. Similarly the sample of clinical nurses and managers were asked about the relationship between the Colleges of nursing/midwifery for which they provided clinical experience for students and the institution of higher education. The sample of link lecturers were similarly asked about the relationship between their institution of higher education and Colleges of nursing/midwifery.

The most common type of relationship between higher education and Colleges of nursing/midwifery still appears to be that of conjoint validation (Table 21). However, there has been a notable increase in the number of respondents reporting full relocation within higher education.

Table 21: The Nature of the Relationship Formed Between the College of Nursing and the Higher Education Institution (Main Link) (Nurse Teachers, Clinical Nurses, Managers[9], Link Lecturers and Specialist Nurse Teachers) (n = 294)

RELATIONSHIP	QN1 (n = 341)	QN2 (n = 294)
Conjoint Validation	159 (46.4%)	104 (35.4%)
Associate College Status	116 (33.8%)	43 (14.6%)
Associate Faculty Status	14 (4.1%)	22 (7.5%)
Full Relocation	40 (11.7%)	75 (25.5%)
Other	12 (3.5%)	9 (3.1%)
Don't Know	0	41 (13.9%)
Missing	12	18

Just over a third (109, 36.1%, n=303) of the sample in the final questionnaire stated that links had been formed with two or more institutions (Appendix 2, Table 14). This indicates an increase of approximately 50% from the situation in 1992, when only 60 (15.4%) members of the sample had reported links with two or more nurse education/higher education institutions (n = 389). Two hundred and fourteen (96.4%) teachers reported in the final questionnaire that their college had formed links with higher education.

The Amalgamation of Colleges of Nursing/Midwifery

The majority of the sample in the final questionnaire reported that their college of nursing/midwifery had been involved in an amalgamation process within the last 6 years (Table 22).

[9]This data was not collected from the clinical nurses and managers in questionnaire one.

Table 22: The Amalgamation of the College With Another College of Nursing/Midwifery in the Past Six Years (Nurse Teachers, Clinical Nurses, Managers, Link Lecturers and Specialist Nurse Teachers) (QN2) (n = 313)

AMALGAMATION STATUS	NUMBER	%
College Amalgamated	239	76.4
College Not Amalgamated	59	18.8
Don't Know	15	4.8
Missing	12	100.0

Summary

In summary, the findings from the various phases in the study indicate that:

- Only 5 (2.1%) teachers were found to have a research degree (ON2).

- Only 32 (17.4%) of the degrees held by teachers are in nursing/midwifery with the majority being in education and social/behaviourial sciences. There are few degrees in the physical/biological sciences.

- Only 36 (10.8%) teachers have a community qualification (QN1).

- A significant proportion of teachers were found not to have commenced degree studies (34.7% at the stage of the first questionnaire in 1992 and 30.4% at the case study site). When the data obtained by the final questionnaire was analysed 85 (35.7%) teachers were yet to achieve degree status.

- There was a trend for institutions to form links with more than one higher education institution/college of nursing/midwifery with 109 (36.1%) sample members reporting this situation in the final questionnaire.

- There is an increase in the number of Colleges of nursing/midwifery reporting full relocation within higher education, with 75 (25.5%) of the sample reporting this relationship in the final questionnaire.

CHAPTER FOUR

THE ROLE OF NURSE TEACHERS WITHIN A PROJECT 2000 COURSE FRAMEWORK

THE ROLE OF NURSE TEACHERS WITHIN A PROJECT 2000 COURSE FRAMEWORK

The role and function of the nurse teacher incorporates teaching of both the theory and practice of nursing.[10] These functions are analytically distinct and will be presented separately to provide an accurate reflection of the respondents' views. Prior to the presentation of the findings, it is necessary to set the scene by explaining the more general aspects of change which are seen to be a feature of the nurse teacher's role.

Role Change and the Nurse Teacher

The final questionnaire in the Delphi survey explored some of the more general aspects of change within the nurse teacher's role. It is noteworthy that the majority (95.5%, n = 353)[11] of the sample felt it probable that change would be a constant feature of the nurse teacher's role and that the role would encompass a wider range of responsibilities and functions (91.8%, n = 353) (Table 23).

[10]Nursing theory in this context refers to the content transmitted to students primarily in the classroom environment. This theory aims to underpin and provide a knowledge base for clinical practice. It is acknowledged that the definition of nursing theory is open to debate within the profession and that there is no common consensus.

[11]The n value in this report refers to the number of individuals who provided a response to the particular question.

Table 23: Changes in the Role of the Nurse Teacher Given an Overall Rating as Probable By 70% or More of the Sample with the Respective Desirability of the Response (QN2).

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
Change will be a constant feature of the nurse teacher's role	95.5	54.1
There will be a decrease in the number of nurse teacher posts	92.9	15.9
The nurse teacher's role will encompass a wider range of responsibilities and functions	91.8	88.1
Nurse teachers will work as part of a teaching team	90.3	96.8
Nurse teachers will teach students with a wide range of ability on Project 2000 courses	90.1	63.2
An increased proportion of the nurse teacher's time will be spent attending meetings	84.0	8.0
The nurse teachers role will increase in respect to financial management	72.1	52.9
The nurse teacher will be increasingly involved in student recruitment	72.1	87.0

Involvement in the introduction of a major curriculum innovation was found to have personal costs for the nurse teachers at the case study site in terms of coping with stress. This is illustrated by the following extracts from the data.

> *"The stress was unbelievable and it was evident because we did have a lot of people suffering from stress related illnesses".* (CSI: 048)

> *"I have experienced severe stress, frustration and anger. I'm floundering in a sea of uncertainty".* (CSQN)

"Well the burn outs been. I've been burnt out at one point, lost control at another and over the last year I'm beginning to get myself sorted out".
(CSI: 043)

There appears to have been inadequate support structures in place to help teachers cope with the stress they were experiencing.

"There have been casualties amongst the staff and the strain is telling on others but it has not been addressed". (CSQN)

"It is continually said to teachers that they must meet the needs of the students, the students are encouraged to meet the needs of the patients/clients but no one has identified my needs". (CSQN)

"The experience has been fraught because of deadlines and time limits. I have often felt very stressed and unsupported". (CSQN)

The actual speed of the implementation of Project 2000 also created problems for the teachers.

"It was introduced far too fast giving no true time for those teachers with no direct planning responsibility to gain an insight into the course". (CSQN)

"We were always only one part of the curriculum ahead in terms of planning. I think it was just about completed two weeks before it started. It really was planning by the seat of your pants". (CSI: 05)

Change is sometimes perceived negatively, however change is not necessarily a source of dissatisfaction. The teachers at the case study site appear to regard the feeling of being at the forefront of change as one of the main rewards of the introduction of Project 2000 (Appendix 3, Table 1). The following comments illustrate this point.

"It's a personal challenge being at the forefront of change, seeing Project 2000 actually happen". (CSQN)

"It's rewarding taking a leading role in change in nurse education and being part of a college which is advanced in Project 2000 introduction" (CSQN)

It is interesting to note that when nurse teachers were asked in the telephone interviews about their main source of job dissatisfaction, the rate and amount of change was cited as a source of dissatisfaction by only 16.7% (n=36) of the sample (Table 24). The greatest source of dissatisfaction was reported to be the organisation and structure of nurse education (12, 33.3%) and the workload and type of work nurse teachers have to undertake (11, 30.6%) (Table 24).

Table 24: Nurse Teachers' Views on Their Main Source of Job Dissatisfaction (n=36) (T1)

MAIN SOURCE	NUMBER	%
The organisation and structure of nurse education	12	33.3
The workload and type of work	11	30.6
The rate and amount of change	6	16.7
The crisis management style employed	2	5.6
Other	3	8.3
None	2	5.6

When asked in the telephone interviews to rate their level of satisfaction specifically with regard to workload using a Likert scale, 28 (77.8%) nurse teachers expressed dissatisfaction (Table 25).

Table 25: Level of Satisfaction/Dissatisfaction of Nurse Teachers on the Amount of Work They Are Given to Do (n=36) (T1)

LEVEL OF SATISFACTION	NUMBER	%
Very Much dissatisfaction	4	11.1
Much Dissatisfaction	5	13.9
Some Dissatisfaction	19	52.8
Some Satisfaction	5	13.9
Much Satisfaction	3	8.3
Very Much Satisfaction	0	0.0
TOTAL	36	100.0

Workload and lack of time were identified by the teachers at the case study site as the major problem for them of Project 2000 implementation (Appendix 3, Table 2). An increased workload was also the most frequently identified role change following Project 2000 (Appendix 3, Table 3). Teachers noted that,

> *"I was busy before but now I'm frantic and just keeping one step ahead".* (CSQN)

> *"The workload has drastically increased, It's very stressful at times".* (CSQN)

The workload was so intense that teachers were unable to reflect upon the changes that were occurring.

> *"There is a lack of sufficient breathing space to reflect on and evaluate curriculum developments".* (CSQN)

"Sometimes I feel I need to jump off the treadmill for a while and take stock. However, this is not possible". (CSQN)

The in-depth interviews allowed the researchers to explore with the teachers how exactly their workload had increased. The amount of paperwork was reported to have increased in relation to the students on the course. Teachers were required to complete a greater amount of documentation relating to student progress and there were considerably more student assessments to mark. As teachers were teaching subjects at a greater depth and breadth more time was required to prepare for sessions. The teachers reported that time was also now taken up with teaching on a greater number of post-registration courses. The time available for performing their role had reduced as more time was now being spent in meetings and in travelling to both the higher education institution and to community placements. Teachers were now regularly taking work home with them, something which was a rare occurrence prior to the introduction of Project 2000. Another feature of Project 2000 which had increased teacher workload, was the large student groups; which were broken into three or four smaller groups for teaching sessions and inevitably meant that three or four teachers were then required for each session.

There is also an indication of the type of work which nurse teachers could find dissatisfying in the results of the final questionnaire. Only 8% (n = 349) see it as desirable to spend a greater amount of time attending meetings; however, this is seen as a probable change by 84.0% of the sample, (Table 23).

It is noteworthy that 92.9% (n = 351) of respondents see it as probable that there will be a decrease in the number of nurse teacher posts (QN2) (Table 23). This finding is supported in the telephone interviews where 86.1% (n = 36) of the sample expressed dissatisfaction with their job security (Table 26).

Table 26: Level of Satisfaction of Nursing Teachers with their Job Security (n=36) (T1)

LEVEL OF SATISFACTION	NUMBER	%
Very Much Dissatisfaction	10	27.8
Much Dissatisfaction	9	25.0
Some Dissatisfaction	12	33.3
Some Satisfaction	3	8.3
Much Satisfaction	1	2.8
Very Much Satisfaction	1	2.8
TOTAL	36	100.0

Job insecurity was also a theme which emerged from the focus group interviews and cases of job redundancies were cited or worse still, "casualties" of the climate of change - those nurse teachers who had left because they felt they had nothing to offer in the new environment of Project 2000.

> *"...they (nurse tutors) are now finding themselves in an environment where everybody knows more than they do about the 'ologies' and they are some way on the fringes thinking what do I do..."* (FGI)

An underlying threat was also felt for the actual job of the nurse teacher and the belief that this could disappear altogether. This appeared to be particularly pertinent if the nurse teacher was not able to teach practical nursing skills due to a lack of clinical role and clinical credibility.

> *"...so if we bring in the academics to teach the 'ologies' what happens to the nurse teacher?"* (FGI)

> *"Quite a lot of nurse teachers are in fact going to find themselves out of a job fairly soon as a consequence of the fact that we have far too many teachers..."* (FGI)

This possibility was also noted by some teachers at the case study site.

> *"Too often nurses are willing to allow everybody to do their job. Until one day somebody will say 'we don't need nurse teachers any more. We've got our 998s in the placements, we've got our life science people at the university. We don't need you and that is a fear I have'."* (CSI: 054)

The new purchaser-provider relationships created in nurse education was also a source of job insecurity for the teachers at the case study site. The college had been awarded a contract with the Regional Health Authority to provide student nurse education for five years but teachers were concerned for their future if this contract was not renewed. Another group at the case study site facing an uncertain future were those teachers specialising in learning disabilities who felt concerned for their job security if this Project 2000 branch programme was discontinued.

The issue of the nurse teacher's academic role vis a vis that of the teaching of clinical skills was one which was explored in greater detail in all parts of the study.

Changes Relating to the Nurse Teacher's Academic Role

The trend towards increased specialisation of teaching is one which has been emphasised by the sample throughout all parts of the project. The majority (90.7%, n = 344) of the sample in the final stage of the modified Delphi study believed that it was probable that nurse teachers would become specialists rather than generalists with regard to the areas they teach (Table 27). It is interesting to note that a high proportion (80.0%, n = 345) of the sample also saw this as a desirable change in the role (Table 27). Exactly what was meant by this "specialisation" was a topic explored in more detail by the focus group interviews.

Table 27: Changes Relating to the Subject Areas Taught by Nurse Teachers and Non-Nurse Higher Education Lecturers and the Teaching Level Rated as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

CHANGE	PROBABILITY (%)	DESIRABILITY (%)
The major contribution of nurse teachers will be the teaching of nursing theory	91.4	92.0
Nurse teachers will become specialists rather than generalists with regard to the areas they teach	90.7	80.0
The major contribution of non-nurse lecturers in higher education will be the teaching of the "ologies", while the major contribution of nurse teachers will be the teaching of nursing theory and nursing practice	87.9	53.4
The major contribution of non-nurse lecturers in higher education will be the teaching of the social sciences	87.3	53.4
The major contribution of non-nurse lecturers in higher education will be the teaching of the behavioral sciences	86.1	52.0
The major contribution of non-nurse lecturers in higher education will be the teaching of the biological sciences	85.5	51.2
The main contributions to the teaching of nursing practice will be made by clinical staff employed by hospital and community units	81.8	67.2
The major contribution of non-nurse lecturers in higher education will be the teaching of the humanities	81.7	58.9
There will be an increase in the numbers of nurse teachers teaching at Bachelor's degree level	78.6	91.4
The academic specialisation of nurse teachers in nursing theory and nursing practice will lead to the enhancement of nursing as an academic discipline	75.4	88.3
There will be an increase in the numbers of nurse teachers teaching at Diploma level	70.6	84.4
The academic specialisation of nurse teachers in the "ologies" will lead to the marginalisation of nursing as an academic discipline	70.0	16.4

The Meaning of "Specialisation"

The move from generic to specialist teaching appeared to be a move towards academic discipline orientations or the "ologies" as they were colloquially termed. It appeared that most Colleges of Nursing and Midwifery had developed theme teams or core subject teams, of which the "nursing" theme was one of a number of themes such as sociology, psychology, biological sciences and so on. It is noteworthy that in addressing the question on what was meant by "specialisation", a number of the focus group participants primarily identified the "ologies", rather than nursing. There were, however, a number of challenges made on this issue within the groups and one participant went so far as to call the "ologies", the "alien" specialities. Some participants stressed that nurse teachers should provide specialist input within the discipline of "nursing" and should concentrate on teaching nursing skills.

> *"I...expect to see nurse educators actually going out and supervising the practice."* (FGI)

> *"I would suggest that for the future...individuals who wanted to be teachers should wish to retain clinical commitment."* FGI

This apparent divergence of views was further explored within the final questionnaire, with opinions being sought on the relative probability and desirability of the changes to the subject areas taught by nurse teachers. As can be seen in Table 28, it was seen as improbable that nurse teachers would make a major contribution to the "ologies" i.e. social sciences (45.0% n = 347), behavioral sciences (43.8% n = 347), biological sciences (40.5% n = 348), and humanities (31.9% n = 348).

Table 28: Changes Relating to the Subject Areas Taught by Nurse Teachers and Non-Nurse Higher Education Lecturers Rated as Probable By Less than 70% of the Sample with Their Respective Desirability (QN2)

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
There will be an increase in the number of nurse teachers teaching at Masters level	69.0	84.5
Nurse teachers will contribute to non-nursing degree programmes within higher education institutions	68.0	81.6
The major contribution of nurse teachers will be the teaching of nursing practice	67.9	84.0
The main contributions to the teaching of nursing practice will be made by those nurse teachers who have not achieved degree status	61.3	15.6
The major contribution of nurse teachers will be the teaching of the social sciences	45.0	56.4
The major contribution of nurse teachers will be the teaching of the behavioral sciences	43.8	58.7
The major contribution of nurse teachers will be the teaching of the biological sciences	40.5	52.1
The major contribution of nurse teachers will be the teaching of the humanities	31.9	49.7
The main contributions to the teaching of nursing theory will be made by those nurse teachers who have not achieved degree status	30.5	7.8
The main contributions to the teaching of nursing theory will be made by clinical staff employed by hospital and community units	22.2	19.3

On the other hand, over 80% of the sample (n = 348) saw it as probable that non-nurse lecturers would make the major contribution to the teaching of the "ologies" (Table 27), although in all the subject areas less than 60% of the sample felt this was desirable.

It would seem, therefore, that the sample see it as neither probable or desirable for nurse teachers to provide teaching input in the "ologies"; it is seen as more likely that this will be provided by non-nurse lecturers in higher education.

There is evidence to suggest that there are differences between the sample groups in their assessment of the desirability of the major contribution of non-nurse lecturers being the teaching of the "ologies", while the major contribution of nurse teachers would be the teaching of nursing theory and practice. Both clinical nurses and managers more frequently saw this as being desirable compared to the other sample groups (Chi square = 15.97; df = 5; p = .007; Cramers V = .21; n = 348) (Appendix 3, Table 4). However, the value of Cramer's V suggests that although the association is statistically significant, it is weak and is not likely to explain much of the variation between the sub-sample groups.

The greatest consistency of opinion with regard to relative probability and desirability lay in the view that the major contribution of nurse teachers would be in the teaching of nursing theory, with just over 90% of the sample seeing this change as both desirable and probable (Table 27).

It is also interesting to note that 75.4% (n = 349) of the sample felt that it was probable that the academic specialisation of nurse teachers in nursing theory and nursing practice would lead to the enhancement of nursing as an academic discipline (Table 27). This is reinforced by 70% (n = 343) of the Delphi sample stating that if the academic specialisation of nurse teachers were in the "ologies" this would probably lead to the marginalisation of nursing as an academic discipline (Table 27). This possibility is illustrated by the following comment made by one of the teachers at the case study site.

> *"Nursing used to be the emphasis now its just another thread in the curriculum".* (CSI: 054)

The choice of specialist area

The focus group interviews explored the ways in which decisions were made concerning the specialist area a nurse teacher became involved in. Many of the nurse participants stated that the decision was often made on the basis of first degree studies; for example if a nurse teacher had studied sociology to degree level then assignment was to the sociology theme

team. This did not go unchallenged, with some participants (noticeably those who were not nurses) questioning whether a first degree in a subject qualified a person to lecture on that subject. The point being made that if one just teaches a subject, and does not practice it or conduct research in that field, how can credibility be maintained? One link lecturer (non-nurse) felt that many nurse teachers agreed to teach subjects without the necessary knowledge base.

> *"I have been, quite frankly, appalled at the number of nurse tutors who have put themselves in this exceedingly vulnerable position by agreeing to do teaching when they don't have sufficient knowledge."* (FGI)

It was evident that some nurse teachers at the case study site also recognised this occurring.

> *"We all had to take on teaching areas that looking back we really weren't prepared to teach ..... there were subjects that you felt you were literally cramming and you were just half a page ahead of the students which was very demanding".* (CSI: 048).

> *"In many areas I'm teaching at the edge of my knowledge because of the increased workload"* (CSQN)

Whereas teachers felt more confident if they had a specialist area.

> *"The confidence I feel when I'm teaching my specialist subject .... and the difference when I don't know what I'm talking about. That's when the acetates come out and there is death by acetate. I find that many teachers condemn students to death by acetate when they're dealing with areas they're uncertain or unsure of".* (CSI: 054)

The fact that nurse teachers were still being asked to teach subjects from a rather shaky knowledge base, was one which was repeated in all the group interviews. Some respondents identified that the decision on who taught what appeared very ad hoc, some teachers being asked to teach a subject because they had a reputation of "enjoying doing it". This criteria for decision making was also in evidence at the case study site.

In order to provide further clarification on specialisation in nurse teaching, the nurse teachers and the teacher educationalists who took part in the telephone interviews were asked to identify what they considered to be the main basis for a nurse teacher's choice of specialism. The clinical background was identified by twenty (37.0%) of the sample as being the main basis (Table 29). Sixteen (29.6%) stated that the first or higher degree subject area was the basis for the choice (Table 29).

Table 29: Main Basis for a Nurse Teacher's Choice of Specialist Teaching (Nurse Teachers, Teacher Educationalists) (n=54) (T1)

MAIN BASIS	NUMBER	%
Clinical background	20	37.0
First/Higher degree subject area	16	29.6
General interest	5	9.3
College based strategy	5	9.3
Other	6	11.1
Don't Know	2	3.7

Conflicting views exist within the sample on whether specialist teaching involves nursing or an academic subject area. It is noteworthy that only 5 (9.3%) respondents viewed a college based strategy as the main reason for this decision (Table 29). This conflict was also identified at the case study site, with some teachers suggesting that there were two types of nurse teacher. Those who wished to retain a clinical focus and to develop a clinical speciality

and another group who had divorced themselves from clinical practice and were intent on developing an academic speciality.

Issues have been raised on whether a first degree qualified a nurse teacher to lecture in the subject, in the light of this views were sought regarding the academic credibility and scholarship of nurse teachers.

Academic Credibility and Scholarship

A large majority of the sample (QN2) stated that it is probable there will be an increase in the number of nurse teachers with taught Master's degrees (96.3%, n = 350), Master's degrees by research (90.1%, n = 345) and Doctorates (92.3%, n = 349) (Table 30).

Given the findings already presented in relation to specialism, it is interesting to note the view that it is probable that there will be an increasing trend for nurse teachers to hold first degrees in nursing (92.6% n = 350) and higher degrees in nursing (92.9%, n = 350) (Table 30). These trends are also seen as desirable by over 90% of the sample (Table 30).

There remains, however, the view that there will be a probable increasing trend for nurse teachers to hold first degrees (71.0%, n = 348) and higher degrees (70.5%, n = 346) in non-nursing subjects (Table 30).

Table 30: Changes Relating to the Degree Status of Nurse Teachers Rated as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

CHANGE	PROBABILITY (%)	DESIRABILITY (%)
There will be an increase in the number of nurse teachers with taught Master's Degrees	96.3	94.9
There will be an increasing trend for nurse teachers to obtain higher degrees in nursing	92.9	90.9
There will be an increasing trend for nurse teachers to hold first degrees in nursing	92.6	90.6
There will be an increase in the number of nurse teachers with Doctorates (Ph.D)	92.3	90.3
There will be an increase in the number of nurse teachers who hold Master's degrees by research (e.g. M.Phil)	90.1	93.7
There will be workforce planning within Colleges to ensure an appropriate mix of degree subjects areas are held by nurse teachers to meet the needs of the curriculum	74.6	94.8
There will be an increasing trend for nurse teachers to hold first degrees in non-nursing subjects	71.0	68.9
There will be an increasing trend for nurse teachers to hold higher degrees in non-nursing subjects	70.5	62.3

Findings from the telephone interviews explored the perceived academic status of nurse teachers. The majority (88.9%, n=54) of the sample were of the opinion that nurse teachers did not have equal academic status to other higher education lecturers (Table 31).

Table 31: Views on Whether Nurse Teachers are Regarded as having Equal Academic Status to Other Higher Education Lecturers (Nurse Teachers, Teacher Educationalists), (TI) (n=54)

EQUAL STATUS	NUMBER	%
Yes	5	9.3
No	48	88.9
Don't Know	1	1.8

Table 32 outlines the reasons given by the respondents as to why teachers were not regarded as having equal academic status to other higher education lecturers. The two main reasons cited were that the discipline of nursing was not seen as academically equal to other disciplines by colleagues in higher education (19, 38.3%) and that higher education regards nursing as a practice discipline (16, 32.6%).

Table 32: Reasons why Nurse Teachers are not Regarded as having Equal Academic Status to Other Higher Education Lecturers (Nurse Teachers, Teacher Educationalists), (TI) (n=49)

REASON	NUMBER	%
Discipline of nursing is not seen as academically equal to other disciplines by higher education lecturers	19	38.3
Higher education lecturers see nursing as a practice discipline	16	32.6
Nursing is not academically equal	8	16.3
Academic snobbery	8	16.3
Nursing research is not recognised	2	4.1
Other	11	22.4
Missing	5	-

It is interesting to note that 16.3% (n = 49) of the sample felt themselves that nursing was not academically equal. The trend towards achieving first and higher degree status either in nursing or non-nursing subjects may be one way in which the sample believe equity can be achieved.

Scholarly activity was further explored in the final questionnaire and again it is noteworthy that those areas which were viewed as desirable changes by the majority of the sample included nurse teachers achieving academic credibility in terms of conducting and publishing research (93.8%, n = 354) and obtaining research grants (93.1%, n = 349) (Table 33).

Table 33: Changes in the Role of the Nurse Teacher Relating to Research and Scholarship Rated as Desirable by more than 70% of the Sample with the Respective Probability of the Response (QN2)

ROLE CHANGE	DESIRABILITY (%)	PROBABILITY (%)
Nurse teachers will achieve academic credibility in terms of conducting and publishing research	93.8	69.5
Nurse teachers will obtain research grants	93.1	53.3
Conducting research will be an important component of the nurse teacher's role	91.7	77.9
Publishing in peer review journals will be an important component of the nurse teacher's role	89.5	77.7
Presenting research based papers at conferences will be an important component of the nurse teacher's role	87.5	75.1
Publishing in professional journals will be an important component of the nurse teacher's role	87.3	80.6
Nurse teachers will have an increased role in supervising research students studying for higher degrees	86.3	78.5

Given that conducting research was also seen to be a desirable change (91.7%, n = 351), the telephone interviews explored research interests in more depth. Nurse teachers were asked to identify the areas in which they would be specifically interested in undertaking research in.

Two thirds (24, 66.7%) of teachers expressed an interest in clinically based projects, this included investigating patient/client specific problems (Table 34).

Table 34: Chosen Field of Research if Resources Available (Nurse Teachers) (TI) (n=36)

RESEARCH FIELD	NUMBER	%
Clinical practice	16	44.4
Educational issues	9	25.5
Patient/client specific problems	8	22.2
Management issues	2	5.6
Other	1	2.8

This is an interesting finding in light of the fact that the final questionnaire has highlighted the probability of nurse teachers continuing to hold first and higher degrees in non-nursing subjects (Table 30).

Teaching at Diploma Level

Teachers are now teaching at a greater depth, namely to diploma level, following Project 2000. The case study work revealed that teachers were uncertain about what precisely the academic level of theory and practice that constitutes diploma level education should be.

> *"I've been trying to look into what we mean by diploma level ..... I haven't been able to put my finger on it yet."* (CSI: 005)

One teacher reported that he had been told that it was approximately 'A' level standard, though he found it difficult to interpret this definition as he himself had not studied for 'A' levels. Another noted,

> *"The criteria is that it is more than we used to do for the traditional course."* (CSI: 037)

There was a lack of consistency in the interpretation of diploma level which is perhaps not surprising given its rather nebulous nature. The teachers sought out advice from their peer group and from the lecturers at the higher education institution who would review their teaching plans to ensure that both the appropriate depth and breadth was covered. However, some teachers overcompensated and used their own degree level course work in their teaching on both the common foundation programme and on the branch programmes. The dangers of this are illustrated by the following comment.

> *"Many students are struggling with the basic concepts because too much information is given at one time. The depth of the information has been too intense".* (CSQN)

Defining diploma level practice appeared to be even more problematic.

Changes Related to the Nurse Teacher's Clinical Role

The role of the nurse teacher in the clinical area was considered by all the participants of the focus groups (n=29) to be one which was in need of close examination and development. The first questionnaire had highlighted a divergence of opinion over whether the nurse teacher will actually be spending more or less time in the practice setting as a result of Project 2000 (Table 35).

It would appear from the results of the final questionnaire that the sample see neither an increase or decrease in the clinical role as probable, with 54.4% (n = 342) of respondents believing it probable that the role will increase and 48.0% (n = 342) believing it probable that it will decrease (Table 36). There is, however, an important indicator in the respective desirability of a future clinical role. The majority (82.7%, n = 347) of the respondents state that it would be desirable for the nurse teacher to have an increased clinical role with only 16.5% (n = 346) believing it desirable that the role should decrease (Table 36).

Table 35: Changes in The Clinical Role of the Nurse Teacher in the Next Ten Years (QN1)

	NURSE TEACHERS		CLINICAL NURSES		MANAGERS		TEACHER EDUCATIONALISTS		LINK LECTURERS		SPECIALIST NURSE TEACHERS	
CHANGES (Identified by 10% or more)	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Development of Link/Advisory/ Consultant Role	102	41.6	-	-	9	21.4	17	42.5	6	15.8	12	25.5
Decreased Clinical Role	62	25.3	13	33.3	6	14.3	9	22.5	7	18.4	13	27.7
Increased Clinical Role	51	20.8	11	28.2	20	47.6	8	20.0	-	-	14	29.8
Little/No Change	-	-	4	10.3	-	-	-	-	-	-	-	-

Table 36: Changes in the Nurse Teacher's Clinical Role Given an Overall Rating as Probable By Less Than 70% of the Sample with The Respective Desirability of the Response (QN2)

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
Nurse teachers will conduct patient/client centred research in the practice area	64.0	89.7
A greater number of nurse teachers will work as lecturer-practitioners, having a patient/client caseload	61.5	76.7
Nurse teachers will work with students in providing direct patient/client care in the practice area	58.1	80.3
Nurse teachers will teach students clinical skills in the practice area	56.9	82.1
Nurse teachers will work with clinical staff in introducing change in practice areas	56.3	90.5
A greater number of nurse teachers will have two employers, a higher education institution/college and a clinical unit/practice area	55.3	33.4
Nurse teachers will have an increased clinical role	54.4	82.7
Strategies will be developed to ensure that the clinical expertise/experience of the nurse teacher corresponds with their clinical teaching/liaison role	54.1	94.7
Nurse teachers will have an decreased clinical role	48.0	16.5
Nurse teachers will have increased opportunities to work as advisors/consultants for practice areas on clinical matters	45.9	78.8
Nurse teachers will have a contractual commitment to provide direct patient/client care in the hospital/community	43.5	67.1
Clinical teachers will again be employed to teach students in practice areas	43.3	42.7
Nurse teachers will have no role in the practice area	26.5	7.2
Nurse teachers will be based in the practice area rather than in institutions of higher education	17.1	49.9

Those sample members where the relationship formed between the nurse education institution and the higher education institution was one of full relocation were found to more frequently regard it as being improbable that nurse teachers will have an increased clinical role

(Appendix 3, Table 5) (Chi square = 4.00 with Yates correction; df = 1.; p = .05; Phi = .14; n = 236). There was also evidence to suggest that clinical nurses more frequently regard it as improbable that nurse teachers will have an increased clinical role in future than the other sample groups (Appendix 3, Table 6) (Chi square = 12.41; df = 5 ; p = .03; Cramer's V = .19; n = 342). Those teachers with a higher degree (taught Masters) were found to more frequently rate it as probable that nurse teachers will have an increased clinical role (Appendix 3, Table 7) (Chi square = 4.17 with Yates correction; df = 1 ; p = .04; Phi = .14; n = 233). However, the values for phi and Cramer's V suggest that while the associations are statistically significant, the actual strength of these relationships are weak and hence are unlikely to explain much of the variation between the sub-sample groups and those teachers with and without a degree.

It was important to investigate what the respondents actually believed a clinical role entailed as the research team were anxious not to make assumptions that this would primarily involve the teaching of clinical skills.

The Nature of the Clinical Role

The final questionnaire explored the probability and desirability of the changes in the future role of the nurse teacher in the clinical area. As can be seen from Table 37, a number of changes are seen to be highly probable as well as highly desirable. These changes include the role of the teacher in educational audit, the facilitation of clinician's teaching role and professional development, and acting as a resource person or advisor to clinical staff.

Table 37: Changes in the Nurse Teacher's Clinical Role Given an Overall Rating as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
Nurse Teachers will continue to audit clinical learning environments	87.3	92.2
Nurse teachers will have an increased role in liaising with practice areas to facilitate dialogue between service and education as a result of rapid changes in both sectors	86.4	97.4
Nurse teachers will facilitate clinical staff in their teaching role with students	86.2	98.0
Nurse teachers will act as a resource person for clinical staff	83.3	96.0
There will be an increased demand for nurse teachers to facilitate the professional development of clinical staff	80.8	95.7
Nurse teachers will experience increasing difficulty in maintaining their clinical credibility with clinical staff	80.3	6.1
Nurse teachers will have increased opportunities to work as advisors/consultants for practice areas on educational matters	76.1	98.3

Table 36 illustrates those changes which are seen as probable by less than 70% of the sample and it is noteworthy that these include working with students providing direct patient/client care, believed to be probable by only 58.1% (n = 344) of respondents, and teaching students clinical skills in the practice area, seen as probable by only 56.9% (n = 346). There are, however, a large number of respondents who see these changes as desirable, 80.3% (n = 350) and 82.1% (n = 351), respectively (Table 36).

Clinical nurses, managers and teachers educationalists were found to more frequently regard it as improbable that nurse teachers would in future teach students clinical skills in the practice area than the other sample groups (Appendix 3, Table 8) (Chi square = 14.60; df = 5; p = .01; Cramers V = .21; n = 346). Clinical nurses were also found to more frequently regard it as improbable that nurse teachers would in future work with students in providing direct patient/client care (Appendix 3, Table 9) (Chi square = 14.86; df = 5 ; p

= .01; Cramer's V = .20; n = 344). However, the value of Cramer's V suggests that although these associations are statistically significant, they are relatively weak and are unlikely to explain much of the variation between the sub-sample groups.

The length of time individuals had been qualified as teachers was found to be associated with their assessment of the probability of nurse teachers teaching students clinical skills in the practice area, with those teachers who had been qualified for less than five years being found to more frequently view this as a probable change (Appendix 3, Table 10) (Chi square = 7.67 with Yates correction; df = 1 ; p = .006; Phi = .20 n = 233). Another key variable that was found to be associated with the response to this issue was that of the relationship between the nurse education institution and the higher education institution. Those individuals where the relationship was one of full relocation into higher education were found to more frequently view it as improbable that nurse teachers in future will teach students clinical skills (Appendix 3, Table 11) (Chi square = 8.22 with Yates correction; df = 1 ; p = .004; Phi = .20; n = 237). However, the values for phi and Cramer's V again suggest that while the associations are statistically significant, the actual strength of these relationships are relatively weak and hence are unlikely to explain much of the variation between the groups (i.e. those teachers who had been qualified for less than five years and those qualified for over five years and between those sample members where the relationship was one of full relocation into higher education and those whose institution had not relocated).

The results regarding the nature of the nurse teacher's role in the clinical area reflect the findings of the focus group interviews where there was a general consensus of opinion that the role of the teacher in the clinical area need not entail the actual delivery of patient/client care. The term "link" teacher was consistently used in all focus groups, but this link role was described more in terms of a facilitator and resource. The point was made, however, that this did not mean that nurse teachers did not want to be involved in the delivery of care, but it was felt that there were a number of barriers to interpreting and implementing the

concept of link ward in this way. One teacher found that education managers were perfectly clear in their own mind as to what the role should entail,

> *"...I actually had it said to me that I was no longer a nurse, I was a teacher now and that my role in the clinical area was as an education officer and facilitator."* (FGI)

Teachers who did attempt to incorporate care delivery within their link area met a great deal of resistance, not only from education managers but also from their nurse teacher colleagues and the ward staff. They believed that their peers felt threatened by their attempts to remain clinically credible and the ward staff felt they had come to "spy" on them. Service managers too were less than welcoming at attempts by nurse teachers to practise. A community nurse teacher who approached a manager with regard to taking on a clinical caseload was told by the manager that he *"wasn't prepared to let me touch his clients"* (FGI).

All the teachers at the case study site had a link teacher role which largely entailed being an educational adviser/consultant. For some teachers this was their main clinical role.

> *"The role has changed to a more supportive and advisory capacity, particularly in relation to student assessment".* (CSQN)

> *"It has become more advisory, bringing knowledge of educational changes and rationale to the clinical area instead of so much time working with a student".* (CSQN)

It is interesting, however, to note the results from the telephone interviews when nurse teachers were asked for their views on the main source of job satisfaction for them. Only 3 (8.3%) respondents cited clinical teaching with students as the main source of job satisfaction (Table 38).

Table 38: Nurse Teachers' Views on Their Main Source of Job Satisfaction (n=36) (T1)

MAIN SOURCE	NUMBER	%
Teaching contact with students	24	66.7
Influencing the development of professional practitioners	5	13.9
Clinical teaching with students	3	8.3
Other	4	11.1
TOTAL	36	100.0

Less than 70% rated it as probable that nurse teachers will in future work with students in providing direct patient/client care in the practice area (Table 36, QN2). The reality of the current clinical role for nurse teachers would appear not to include the delivery of nursing care to patients/clients. This was also the case for the respondents in the telephone interviews, with 22 (61.1%) nurse teachers stating that their main role with students in the clinical area was in making supportive visits (Table 39).

Table 39: Nurse Teacher's Main Role with Students in the Clinical Area (n=36) (T1)

MAIN ROLE	NUMBER	%
Making supportive visits	22	61.1
Working with students delivering patient care	7	19.4
Monitoring academic progress	4	11.1
Demonstrating specific clinical skills	1	2.8
No role	2	5.6

At the case study site the teachers reported that their role with students was also largely that of making supportive visits as lack of time prevented them from having a more extensive role as these extracts from the data show.

"I cannot get out to the wards to teach only to visit and say hello". (CSQN)

"We do have the odd nip out and say how are you doing? Is everything OK? And we hope to God it is because we haven't got any time to spare them". (CSI: 054)

"It's only a matter of visits. That's all the time we can spend. We just see if they're alright, if they've got any problems with assessments". (CSI: 029)

Some teachers noted that their clinical role in relation to students was one of a "troubleshooter" in that they would only tend to visit students in response to clinical staffs' concerns regarding the student's progress. They were therefore visiting mainly the *"weak or those not coping"*. (CSI: 048). The reduced contact with students in clinical areas may affect students' perceptions of nurse teachers.

"One of the students came up to me in the clinical area where I was working and said, "I didn't know you were a nurse". She was really surprised and I've been teaching her for about a year". (CSI: 054).

Insufficient time resulted in some teachers using the telephone to perform their clinical role.

"For those on the community it's a phone call, certainly for the hospital it's easier". (CSI: 05)

"I wish I could say that I visit my link wards regularly but I don't. It's a phone call now." (CSI: 048)

Neglecting their clinical role however, could be a source of guilt for nurse teachers.

"I do feel guilt ridden that I wasn't visiting the wards .... I had to say hang on a minute you can't do everything ..... I was still doing my degree. I think we've all had to say OK we're not superhuman, lets look realistically at what we can do." (CSI: 048)

Although the majority of respondents in the telephone interviews were not involved in the delivery of patient care either as a practitioner or as a teacher of clinical skills, they did however view themselves as safe and efficient members of clinical staff (Table 40)

Table 40: Nurse Teachers' Opinions on Whether or not They are a Safe and Efficient Member of Clinical Staff (n=36) (T1)

SAFE AND EFFICIENT	NUMBER	%
Yes	30	83.3
No	6	16.7
TOTAL	36	100.0

It is noteworthy, however, that when asked this question during the interview many of the respondents qualified their answer by stating it would very much depend on the level of responsibility they had. So, for example, to go onto a ward and "take charge" would not be something they felt able to do, but they would feel safe and efficient to give patient care in a position of less responsibility.

The perceptions of the respondents with regard to who would actually be responsible for teaching clinical skills to students and facilitating them in linking theory to practice was examined in greater detail.

The Theory-Practice Gap

Respondents in the focus group interviews believed that one important role for the nurse teacher was that of integrating the theory from a wide range of disciplines to the practice of nursing. This integration is, however, done at a purely theoretical basis, with the majority

of nurse teacher participants stating that their actual clinical practice was extremely limited if it existed at all.

> *"...the school is having less input into the wards...nurse teachers are being asked to teach about nursing practice in areas that they might not have worked in for a long time..."* (FGI)

There was consensus on the belief that pre-registration students needed help to apply the theory to practice and cannot just be left to draw links for themselves.

> *"...whilst they (Project 2000) students recognise the importance of it (theory) they can't grasp the depth or the level to integrate it into practice"* (FGI)

Nurse teachers in the focus groups considered their role was not to teach clinical skills; this was seen to be the job of the clinical experts at ward level.

> *"...it is more useful for them (Project 2000 students) to use a member of the clinical staff who are the clinical experts as their role models..."* (FGI)

This view was also expressed at the case study site.

> *"I do see clinical teaching as the role of the clinical staff. They're the experts in that area so they're the best people to teach the students".* (CSI: 033)

> *"The clinical nurse has both the clinical knowledge and the credibility and now also the teaching skills."* (CSQN: 033)

This was consistent with the findings of the first questionnaire in the modified Delphi study, where only 2.4% (10) of respondents had stated that the nurse teacher was the most appropriate person to teach in the clinical area. Instead it was seen either as a joint

responsibility with clinical nurses (242, 57.9%) or as the responsibility of clinical nurses only (161, 38.5%) (Table 41).

Table 41: The Most Appropriate Teacher in the Clinical Area (Nurse Teachers, Clinical Nurses, Teacher Educationalists, Specialist Nurse Teachers) (n=418) (QN1)

INDIVIDUAL	NUMBER	%
Both Clinical Nurse and Nurse Teacher	242	57.9
Clinical Nurse	161	38.5
Nurse Teacher	10	2.4
Other	5	1.2
Missing	4	-
TOTAL	418	100.0

Some teachers at the case study site were eager to transfer the responsibility for the teaching of clinical skills to clinical nurses. They considered that this was appropriate now that this role had been written into the job descriptions of clinical staff. Clinical nurses were also seen as now being prepared for this role (through ENB 998 courses).

However, some teachers did express concerns regarding the quality of the clinical learning environment both in terms of the time available to clinical nurses for teaching clinical skills and with regard to whether clinical staff actually taught students the correct techniques (and the implications of this when the Project 2000 students themselves became the mentors).

> *"Do the wards always teach correctly? Do the wards always have the time to teach these practical skills?"* (CSI: 05)

> *"We assume that they're being taught the correct dressing technique out on the wards by the clinical experts. But quite often the clinical experts have*

developed their own safe methods ... but it's only with the proper initial grounding in basic techniques that you can deviate". (CSI: 054)

"We need to put more emphasis on the practical skills and stop pretending that the ward staff have nothing better to do than to teach and to teach correctly .... you can pick up so much when people are in a hurry. They know why they are taking the shortcuts and that the shortcuts are safe" (CSI: 045)

Most nurse teachers attending the focus group interviews felt that they were unable, due to pressure of academic work, to spend regular and lengthy periods of time in the ward setting, even if they wished to do this.

"...time is short and if you get onto the clinical area now it's almost a miracle, even those that want to..." (FGI)

Lack of time was also noted as a barrier to clinical contact at the case study site.

"We're given a week a year to go and work in clinical practice but it's not that easy. If you do that then something else has to go by the board". (CSI: 036)

"It's is now very difficult to teach in the clinical area owing to the pressure of classroom teaching." (CSQN)

"Clinical teaching is opportunistic if at all. Time only allows for brief visits to see students". (CSQN)

As one teacher noted.

"If it is difficult enough to do visits then its going to be almost impossible to do actual clinical teaching". (CSI: 030)

The college had attempted to address this problem by appointing a "placement visitor" who was an experienced ward sister. This person was to visit all students on practice placements during one part of the common foundation programme and assess how the students were coping with their placements reporting any problems back to the teachers. As one teacher noted *"it's taken a burden off me really"* (CSI: 029).

It was apparent that teachers did not view their clinical role as being a priority and that they also perceived that the college's emphasis was on the fulfilment of their classroom role.

> *"I suppose on traditional courses visiting students on placements was a necessity but that was the first thing to go when other things came up ..... this has taken on a lesser priority".* (CSI: 037)

> *"Time put aside for clinical work usually gets encroached because it's seen as less important .... if I'm really honest I don't place enough importance on it".* (CSI: 004)

The nurse teachers attending the focus groups felt they did not possess up-to-date clinical skills and therefore lacked clinical credibility in the practice setting.

> *"There is no way I can now say I'm an expert in any area...I don't do enough to say I'm a clinical expert..."* (FGI)

The idea, however, that clinical nurses possessed the ability to enable students to draw links between specific theory and practice was often seen as unacceptable, particularly to clinicians. One clinical nurse commented on the pressure he was under to link theory and practice.

"It's...putting the ward staff under a lot of pressure because we haven't got the 'ologies' to help them (Project 2000 students) apply them into the ward area." (FGI)

Clinical nurses agreed that the nurse teachers did not possess up-to-date skills. They felt that it was unfair on nurse teachers that they were being asked to teach nursing practice when they themselves did not have up-to-date experience. Nurse teachers, although they had academic knowledge felt in the current climate unable to practise in the clinical area in a credible role. The clinical nurses, although clinically credible, felt insecure about the expectation that they should link specific academic subject theory to practice. Many nurse teachers felt that lip-service was being paid to the educational approach of reflective practice.

"...how are the students supposed to make these links between theory and practice? What are we doing to help them? I'm not sure we are doing anything at the moment" (FGI)

"...we are expecting novice students to be able to do that (link theory and practice) with no facilitation whatsoever" (FGI)

The nurse teachers at the case study site were concerned about the adequacy of the clinical skills acquired by Project 2000 students and the balance between theory and practice in the course.

"I feel we have given them the knowledge but forgotten to show them what to do with it". (CSI: 043)

"Not enough emphasis has been placed on the practice skill that need to be developed". (CSI: 029)

"I do feel the theory has taken over and left nursing as second best, and we're doing a nursing course and nursing is very much hands on and dependent upon skills". (CSI: 048)

Some teachers related the teacher's lack of presence in clinical areas to the student's development and experience in clinical areas.

> *"A lot of nurse teachers don't see the importance of getting out there but I do. The qualified staff need more support from us. Some of them still have quite a negative attitude to Project 2000 and I think we could have helped that if we'd been more visible in the service areas".* (CSI: 004)

> *"We've been very dependent upon the clinical areas for the teaching of skills .... staffing levels are not always adequate though they try very, very hard. This creates frustration in teachers because in some ways we haven't been able to address this, we can't spare the time to visit clinical areas which is sad because I do feel the students have lost out and feel quite threatened".* (CSI: 029)

The development of the "knowledgeable doer" was a major concern for the focus group participants. One nurse teacher spoke of the "quantum leap into practice" that Project 2000 students make with the hopeful expectation on the part of nurse teachers that the theory was "going to suddenly click into place". A teacher at the case study site feared that the teachers reduced role in the clinical area may have widened the theory-practice gap.

> *"Nurse teachers have got to be really careful that they don't remove themselves from what is the art of nursing ..... we were trying to break down the theory-practice gap and yet we haven't really, and that's one of the things that I thought might happen with Project 2000. Maybe it's even wider?"* (CSI: 004)

The teaching of nursing practice was explored in the final questionnaire of the modified Delphi study. The results here emphasised the view that nurse teachers were not seen as

clinically credible with 80.3% (n = 345) of the respondents stating that nurse teachers would experience increasing difficulty in maintaining their clinical credibility with clinical staff (Table 37).

A number of teachers expressed the view that they have a lack of confidence in their clinical skills. On first entering nurse teaching, many of the teachers had worked as an "unqualified teacher" within a college of nursing/midwifery and this was seen to be the beginning of a steady deskilling process of their clinical skills.

> *"...by the time you eventually got on a teaching course you didn't know whether you were fish or foul because you'd been through the system that had kind of deskilled you in your area."* (FGI)

When qualified, however, a number of teachers felt that the major reason they did not attempt to practise in their link ward was simply that it was not in their area of expertise. It was not unusual for a nurse teacher's past clinical speciality to be ignored when she was allocated a clinical area with which to link. Indeed this situation in a number of cases stretched back to a nurse teacher's initial recruitment as a teacher, this recruitment being made on the basis of an interest and flair for teaching rather than a need for teachers within a particular clinical speciality. Some respondents eloquently expressed their feelings of loss at not practising as a nurse.

> *"I didn't want to leave the clinical area, but the profession told me I had to...my heart is still out in the clinical area...there was a focus there we could have worked on, but it doesn't exist any more."* (FGI)

> *"I think I went through a grieving process, in fact I know I did. I found it very, very hard."* (FGI)

There are also issues of linking theory to practice in community settings. Few teachers in this study appeared to have a community qualification in spite of Project 2000's emphasis on

this area (QN1: 36, 10.8%; CSQN: 5, 12.8%) (Appendix 2, Table 9 and 11). It would seem, therefore, that few nurse teachers have the specific knowledge required for this specialist area. The work conducted at the case study site suggested that teachers experience difficulties in visiting community placements both because of their lack of expertise in this area and because of the travelling involved.

It is perhaps not surprising that the majority (94.7%, n = 342) of the sample in the final questionnaire felt it desirable to develop strategies to ensure that the clinical expertise/experience of the nurse teacher corresponds with their clinical teaching/liaison role (Table 37).

It appears that most respondents (84.0%, n = 350) (QN2) see it as desirable that a major contribution of nurse teachers would be the teaching of nursing practice, although this is not seen as particularly probable (67.9%, n = 349) by the sample (Table 42).

Table 42: Changes Relating to the Subject Areas Taught by Nurse Teachers and Non-Nurse Higher Education Lecturers Rated as Desirable By 70% or more of the Sample with The Respective Probability of the Response (QN2)

ROLE CHANGE	DESIRABILITY (%)	PROBABILITY (%)
The major contribution of nurse teachers will be the teaching of nursing theory	92.0	91.4
There will be an increase in the numbers of nurse teachers teaching at Bachelor's level	91.4	78.6
The academic specialisation of nurse teachers in nursing theory and nursing practice will lead to the enhancement of nursing as an academic discipline	88.3	75.4
There will be an increase in the numbers of nurse teachers teaching at Master's level	84.5	69.0
There will be an increase in the numbers of nurse teachers teaching at Diploma level	84.4	70.6
The major contribution of nurse teachers will be the teaching of nursing practice	84.0	67.9
Nurse teachers will contribute to non-nursing degree programmes within higher education institutions	81.6	68.0
Nurse teachers will become specialists rather than generalists with regard to the areas they teach	80.0	90.7

It should be noted, however, that a higher proportion (81.8%, n = 346) see it as probable that the main contributions to the teaching of nursing practice would be made by clinical staff employed by hospital and community units (Table 27). It is also interesting to note that only a minority of respondents see it as probable (43.3%, n = 335) and desirable (42.7%, n = 342) that clinical teachers will again be employed to teach students in practice areas (Table 43). Nurse teachers being based in practice areas rather than higher education institutions was seen as neither desirable nor probable (Table 43). There was evidence to suggest that those teachers with degree status more frequently regarded this change as undesirable than those without a degree (Appendix 3, Table 12) (Chi square = 9.41 with Yates correction; df = 1 ; p = .002; Phi = .21: n = 236). However, the value of phi suggests that although

this association is statistically significant, it is relatively weak and thus unlikely to explain much of the variation between these two groups of teachers.

Table 43: Changes in the Nurse Teacher's Clinical Role Given an Overall Rating as Desirable By Less Than 70% of the Sample with The Respective Probability of the Response (QN2)

ROLE CHANGE	DESIRABILITY (%)	PROBABILITY (%)
Nurse teachers will have a contractual commitment to provide direct patient/client care in the hospital/community	67.1	43.5
Nurse teachers will be based in the practice area rather than in institutions of higher education	49.9	17.1
Clinical teachers will again be employed to teach students in practice areas	42.7	43.3
A greater number of nurse teachers will have two employers, a higher education institution/college and a clinical unit/practice area	33.4	55.3
Nurse teachers will have an decreased clinical role	16.5	48.0
Nurse teachers will have no role in the practice area	7.2	26.5
Nurse teachers will experience increasing difficulty in maintaining their clinical credibility with clinical staff	6.1	80.3

Changes Related to the Teaching Methods Utilised by Nurse Teachers

In order to deliver the curriculum to students, nurse teachers can use a variety of approaches to the practical aspects of teaching. Some of this will involve the actual teaching methods which nurse teachers use, and this study collected data on the preparation which nurse teachers received for their teaching role as well as possible role changes in the methods which they use.

Given the changing focus of Project 2000 education towards a more student-centred approach to teaching, the first questionnaire of the Delphi study asked the sample of nurse teachers (n=234) to identify the important components of nurse teacher preparation courses for meeting the needs of teachers for Project 2000. Components identified by 10% or more of the sample were that of student-centred learning or adult education which was cited most frequently (24.4%, n=57) (Table 44). Other components included curriculum studies and curriculum planning (21.4%, n=50) and developing a range of teaching styles (17.9%, n=42). It is interesting to note that developing the specialist knowledge for use in teaching was also seen as important (20.5%, n=48) (Table 44).

Table 44: The Important Components of Nurse Teacher Preparation Courses for Meeting the Needs of Teachers for Project 2000 (Nurse Teachers) (QN1) (n = 234)

COMPONENT (Identified by 10% or more)	NUMBER	%
Student Centred learning/Adult education	57	24.4
Curriculum Studies/Planning	50	21.4
Specialist Knowledge (for teaching)	48	20.5
Development of a range of teaching styles	42	17.9
Teaching large groups	39	16.7
Teaching at different academic levels	35	15.0

The final questionnaire explored changes related to the teaching methods utilised by nurse teachers. The change which is seen as most probable (83.2%, n = 346) by the sample was that the primary teaching method employed by nurse teachers will be lecturing large groups (Table 45). This is, however, seen as a desirable change by only 7.8% (n = 346) of respondents (Table 45). This is perhaps not surprising given the comments made by some teachers at the case study site.

> *"It was a nightmare to begin with .... it was frightening .... there were so many of them we felt intimidated. It was quite threatening".* (CSI: 030)

"The thought of 80 students put fear into us. It was awful standing in front of 80 students". (CSI: 043)

"I think the large group is a very negative experience .... you can't hold everybody's attention". (CSI: 029)

It was also felt by the case study respondents that the large groups prevented the use of methods of adult education and student centred learning - the underlying educational philosophy of the course. In order to alleviate these problems the large cohort group was divided into three or four smaller groups for most sessions. However, while this allowed for student centred approaches to be utilised it has had major implications for staff resources and teacher workload.

"When you're timetabling you've not just got to find one teacher for a session, you've got to go round and find three". (CSI: 05)

It is also interesting to note that 74.5% (n = 345) of respondents to the final questionnaire considered that the move into higher education will lead to nurse teachers no longer being able to use the range of teaching skills they possess and value (e.g. small group teaching) (Table 45).

Table 45: Changes in the Teaching Methods Utilised by Nurse Teachers Given an Overall Rating as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
The primary teaching method employed by nurse teachers will be lecturing large groups of students	83.2	7.8
Nurse teachers will become facilitators of student learning	81.6	88.4
The move into higher education will lead to nurse teachers no longer being able to use the range of teaching skills they possess and value (e.g. small group teaching)	74.5	3.8

It would appear that the sample considered that they will have less opportunity to practise the adult education approaches they value.

The Way Forward

This study has explored a number of potential changes in the nurse teacher's future role and has looked at levels of probability and desirability in relation to these changes. The research team were anxious not to fragment this changing role into the component parts of the teaching of theory and the teaching of practice. Although findings related to the exploration of the theory-practice gap have already been presented, it was thought necessary to examine the views of the sample in relation to the overall future of nurse teachers.

The Future Role of Nurse Teachers

This topic was explored in depth within the focus group interviews. There were suggestions that in future, clinicians who wished to become nurse teachers should always retain a clinical commitment, part of that commitment being primarily as a practitioner and not as a teacher.

> *"...teachers need to go native, as they say, once again and go back to their roots almost. As a nurse first, and a teacher second."* (FGI)

The "link" ward was not seen to be an appropriate way forward. All three focus groups expressed the view that the way a nurse teacher's role on a link ward was utilised was very much up to the individual teacher. It was felt that the role was a rather nebulous one and often meant that it occurred only if the teacher could manage *"a few hours here or there"*.

When asked to provide a vision for the future, it was noteworthy that only a minority of the participants within the groups felt able to state clearly what the future role of nurse teachers should be. One group participant commented,

> *"If we have said clinical skills are not what we are here to teach any more ... then I think we have to very clearly redefine our role."* (FGI)

Two main suggestions were discussed within the focus groups, that of retaining some sort of clinical commitment and the structure in which this could take place; and the development of the role of lecturer/practitioner (LP).

It was thought that teachers should be facilitated to spend at least one day per week in the clinical area. It was pointed out that this time should not primarily be for teaching students but for the clinical development of the teacher as a clinical nurse. A contractual agreement between education and service managers was highlighted as an important aspect of this development, in order to avoid the problems of which budget would actually pay for the nurse teacher's time when she/he was giving service in the clinical area.

> *"...recently we had managers who carried the education budgets so the service managers actually were involved in paying the salaries of the teachers which was why we could be drawn out of class and into the clinical area..."* (FGI)

Opinion varied within the groups on the actual structure of the LP role. In the main, however, the LP role was seen as a 50/50 split between academic and clinical

responsibilities. It was also stressed that the LP should have a clinical caseload and teach the related module within the theoretical programme.

It is interesting to note, however, that in the final questionnaire the respondents did not see it as particularly probable (61.5%, n = 343) that a greater number of nurse teachers would work as LP's, having a patient/client caseload, although it was viewed as a desirable change (76.6%, n = 346) (Table 36).

Given that the LP role had been highlighted in the focus group interviews, it was important to explore whether there could be any factors which could hinder the development of the role. The nurse teacher respondents in the telephone interviews were therefore asked to comment on this issue. It is interesting to note that conflict between education and service was the response cited most often by the sample (n=11, 30.6%) with 8 (22.2%) teachers stating the problem of organisation and management difficulties (Table 39) as an inhibiting factor to the future of the role.

Table 46: Factors which Hinder the Development of the Lecturer-Practitioner Role (Nurse Teachers) (n=36) (T1)

FACTOR	NUMBER	%
Conflict between education and service	11	30.6
Organisation and management difficulties	8	22.2
Lack of funding	7	19.4
Insufficient time	6	16.7
Other	4	11.1
TOTAL	36	100.0

SUMMARY

- It is seen as probable that change will be a constant feature of the nurse teachers's role in the future.

- Nurse teacher's workload has greatly increased following Project 2000 introduction and is a major source of job dissatisfaction.

- There is an increasing level of concern with regard to job security, with the majority of respondents (QN2) seeing it as probable that there will be a decrease in the number of nurse teacher posts and 86.1% (T1) expressing dissatisfaction at their level of job security.

- It is seen as both probable and desirable that nurse teachers will become specialists rather than generalists with regard to the areas they teach.

- It is seen as both probable and desirable that the major contribution of nurse teachers in the future would be in the teaching of nursing theory.

- It is seen as probable that the academic specialisation of nurse teachers in nursing theory and practice would lead to the enhancement of nursing as an academic discipline. On the other hand, it is seen as probable that the academic specialisation of nurse teachers in the 'ologies' will lead to the marginalisation of nursing as an academic subject.

- In the telephone interviews a majority of the sample believed that nurse teachers were not regarded as having equal academic status to higher education lectures.

- Nurse teachers express an interest in conducting research in clinically based projects. However, it is considered probable that there will be an increasing trend for nurse teachers to hold first degrees and higher degrees in non-nursing subjects. This also conflicts with the finding that the nurse teacher's clinical role has reduced and that many nurse teachers no longer feel clinically credible.

- Nurse teachers at the case study site experienced problems in identifying what constituted diploma level theory and practice.

- The majority of the sample see it as desirable for the nurse teacher to have an increased clinical role. The aspects of the role which were seen as desirable were working with students providing direct patient care and teaching students clinical skills in the practice area. These are not, however, seen as probable changes.

- It is seen as probable that the main contributions to the teaching of nursing practice would be by clinical staff employed by hospital and community units.

- It is seen as probable that nurse teachers will have increasing difficulty in maintaining clinical credibility with clinical staff. Nurse teachers themselves express a lack of confidence in their clinical skills and their concerns over how Project 2000 students are facilitated in linking theory to practice.

- It is seen as desirable that strategies are developed to ensure that the clinical expertise/experience of the nurse teacher corresponds with their clinical teaching/liaison role.

- A desirable change to the future role of the nurse teacher was seen as that of Lecturer/Practitioner. This was not, however, seen as particularly probable.

DISCUSSION

The unprecedented rate of change with which nurse teachers are having to cope has without doubt affected their perceptions of their future role. Their belief that change will be a constant feature of their job in the future, and that they would have a wider range of responsibilities and functions has undoubtedly influenced their responses across all topic areas in this study. The impact of contextual issues on nurse education research is one which has been emphasised in numerous studies (Bedford et al, 1993; White et al, 1993; Jowett et al, 1994).

It is perhaps not surprising that job security has been a major area of concern and the study has highlighted a number of possible reasons for this, which include the belief that there will be a decreasing number of nurse teacher posts. The results, however, suggest that a number of nurse teachers will have difficulty fitting into the changing world of nurse education where "new models of education also need new models of teaching and new programmes to prepare nurses as educators" (Field, 1989). The generic role of the nurse teacher as someone who is able to teach anything and everything is in decline and it would seem that the profession is struggling to find an appropriate niche for the teacher. Of major interest are the roles of the teacher within the classroom and the clinical area and the impact that this has on the abilities of Project 2000 students to link theory with practice and become the future 'knowledgeable doers'.

It is seen as both probable and desirable that the future role of the nurse teacher will be one of a specialist rather than a generalist. Although there is a wish to be involved in the teaching of the "ologies", that is the subjects allied to nursing such as the social sciences or biology, the reality is seen to be that the major contribution of nurse teachers in the future will be in the teaching of nursing theory. Although this finding is in line with other studies with regard to the growth of specialisation (Payne et al, 1991; Hardiman, 1993), the focus on nursing theory as the main specialist subject is new. Part of the explanation for this more

definitive focus on nursing could be found in the view of the respondents that the academic specialisation of nurse teachers in nursing theory and practice would lead to the enhancement of nursing as an academic discipline and indeed that if nurse teachers were to specialise in the 'ologies' the probable outcome would be the marginalisation of nursing as an academic discipline. The profession could now be making attempts to become more pro-active in its growing links with higher education, rather than as happened in the past being "indecisive, acquiescent and pusillanimous in accepting imposed changes" (Akinsanya, 1990). Entering higher education with a strong sense of the parameters and the value of one's own specialist subject area could be one way that nurse teachers could develop their own academic discipline and be recognised for their expertise in that area. The concern to maintain the integrity of the specialised subject of nursing is one which is gaining increasing emphasis in the nurse education literature (Burke, 1993; Elkan et al, 1993) and it would appear that this debate is one which concerns the respondents in this study. There are, however, relatively small numbers of nurse teachers who currently have either a first or higher degree in nursing and this begs the question of how the major contribution of nurse teachers can be in the teaching of nursing theory when their academic base is not within the discipline of nursing?

Recognition within higher education is, not surprisingly, on the minds of the respondents in this study. The belief that nurse teachers are not regarded as having equal academic status with higher education lecturers was based on the view that higher education lecturers view the discipline of nursing as a practice based discipline and not academically equal to other disciplines. Although it has been argued elsewhere that nursing is field of practice and not an academic discipline (Jarvis, 1992), the same could be said for other health care professions such as medicine and dentistry. It would not seem unreasonable to expect that the growth in the numbers of nurse teachers who would be focusing on extending the knowledge base of nursing from a theoretical perspective would afford the profession a better opportunity to take their place alongside other academic disciplines. Alternatively a strong clinical research base could achieve the same objective.

In order to gain academic credibility, it is essential that nurse teachers strive for equitable academic achievement. The respondents consider that it is probable that there will be an

increasing trend for nurse teachers to hold first and higher degrees in nursing. The view was also expressed, however, that there would be an increasing trend for nurse teachers to hold first and higher degrees in non-nursing subjects. These conflicting results could be partly explained by the anxieties involved in achieving degree status and academic credibility for nurse teachers within a short timescale. Indeed the Royal College of Nursing (1993) was fully aware of the "clear attractions" of a discipline-led strategy for the future preparation of nurse teachers which was based on strengthening academic foundations in disciplines other than nursing. The discussion document (RCN, 1993), however, rejected this as a viable strategy for the future preparation of nurse teachers and emphasised the need for,

> *"a distinctive and unitary professional voice - and not simply disappear within a chorus of competing 'ologies'" (p.12)*

Further emphasis on 'nursing' as a discipline in its own right was provided by the interest which nurse teachers expressed in conducting research in clinically based projects. It is interesting, however, to look at this finding alongside the findings which relate to the clinical role of the nurse teacher.

It was not seen as probable that nurse teachers would work with students in providing direct patient/client care or in teaching students clinical skills in the practice area. It was seen as probable that the main contributions to the teaching of nursing practice would be by clinical staff employed by hospital and community units. It may be that nurse teachers feel the status quo will prevail over time as the reality of their current role is not one which appears to include the teaching of clinical skills. This lack of nurse teachers' involvement in clinical teaching and direct care giving is one which supports the findings of other studies (Crotty, 1993a; Jowett et al, 1994). It is interesting to ask, however, how realistic it will be in the future for clinical staff employed by hospital and community units to be afforded the time to give to the teaching of Project 2000 students. The staff within the new market led health service with the higher levels of autonomy they have within Trusts, may well not see the

education of pre-registration nursing students as a justifiable responsibility. Reducing the caseload of community health care professionals, for example, in order to meet the educational needs of students may no longer be possible in the future. The purchasers, be they health authorities or GP's, may not feel they need to take on the additional costs of employing community practice teachers with their higher grade salaries. The time taken to teach students may also be seen to encroach on clinical commitments.

It is of interest, however, that teachers whose primary activity in the clinical area does not currently involve direct care giving to patients/clients would wish to become involved in research which is clinically based. One explanation for this can be found in the findings which outline the desired future clinical role for nurse teachers.

The *desirable* future role highlights the nurse teacher as having an increased role in the clinical setting which involves teaching clinical skills and working alongside students providing patient/client care. So, although the future appears not to hold the prospect of patient/client care giving, the respondents express a desire that it should. This could explain their wish to pursue research in this field. Alternatively, however, it could be asked whether there was some element of 'political correctness' in expressing a desire to have a clinical role and to conduct research in the clinical field.

Debate has extended over a number of years as to whether nurse teachers should act as a support for clinical staff in their clinical teaching role (Osborne, 1991; Acton et al, 1992; Phillips, 1994) or view the teaching of clinical skills as an inherent part of their teaching function (Webster, 1990; Charlesworth et al, 1992). It would appear from the findings of this study that teachers remain in somewhat of a dilemma with regard to the future clinical role. On the one hand feeling unsure that the role will actually change, but on the other hoping that it will. It could be argued that the time is ripe for nurse teachers to take a more pro-active role in moving towards what is seen as the more desirable outcome, that of increasing their responsibility for the acquisition of clinical expertise amongst Project 2000 students.

Facilitating students to acquire clinical expertise presupposes that the teacher is clinically competent. The nurse teachers in this study expressed a lack of confidence in their clinical skills although it was interesting to note that some felt able to work as a safe and efficient practitioner albeit in a role of less responsibility than that, say, of a ward sister or in some cases a staff nurse. There have been, and are currently, rapid developments within the area of nursing practice and it is questionable if teachers have not maintained clinical responsibilities for patients/clients that they would be aware of the changes.

This raises the question of what level of competence is required to act as a clinical role model in the practice setting? It could be argued that teachers "cannot keep up with the practice, unless they are also in practice" (Jarvis, 1992) and it has been commented that there is no general consensus of opinion on what clinical competence actually means in relation to the role of nurse teachers (Gerrish, 1992). The respondents in this study suggested that some retention of clinical commitment was necessary for nurse teachers and that part of that commitment should primarily be as a practitioner and not as a teacher. It was also seen as desirable to develop strategies to ensure that the clinical expertise/experience of the nurse teacher corresponded with their clinical teaching/liaison role. This would appear to be a crucial element in the maintenance of clinical competence amongst nurse teachers because placing a teacher in a clinical area with which she has had no recent experience as a clinical nurse could only serve to enhance the deskilling process. Ignoring the nurse teacher's past clinical experience devalues the potential role that the teacher could make in the clinical area. Other studies (Shaw, 1994) have attempted to interpret clinical competence in relation to the nurse teacher and the need to have the opportunity to practise in the specific clinical area as a nurse.

It is interesting to note, however, that one of the main suggestions emerging from this study is to develop the role of the nurse teacher as a lecturer/practitioner. The level of clinical involvement that this role entailed was perceived to be at least 50% of the nurse teacher's time. This would appear to be a more reasonable stance to take with regard to clinical

competence and credibility. It would, however, necessitate a financial commitment on the part of service for the nurse teacher's time. The ability to work smoothly as a member of the ward or community team requires a knowledge of the structures and processes within the institution or unit and it is questionable whether this would be achievable on one day per week clinical contact. Having the minimum commitment of one day may not support the teacher in the quest to really be treated as part of the organisation which would, of necessity, involve managing and leading other members of the health care team. Effective management and leadership involves a knowledge of the nature and culture within the working environment.

Although the development of the lecturer/practitioner role was seen as desirable, it is perhaps somewhat disappointing to note that this was not seen as probable. This may relate to the finding that the workload of nurse teachers has increased greatly following Project 2000 introduction - a finding consistent with that reported in other studies (Payne et al, 1991; Hardiman, 1993; Hunter and Houghton, 1993). Perhaps the current difficulties which our respondents reported with regard to finding time to go to the clinical area explains their pessimism for the future role of lecturer/practitioner. This lack of time for a clinical commitment is one which has been previously identified (Clifford, 1993). It would seem that there has not been an effort to prioritise this aspect of the nurse teacher's role from a strategic standpoint. The question remains, therefore, if the structure and organisation are not supporting a clinical commitment, why are nurse teachers not challenging this more vociferously?

CHAPTER FIVE

THE PREPARATION OF NURSE TEACHERS FOR THEIR ROLE WITHIN PROJECT 2000 BY INITIAL TEACHER PREPARATION COURSES

THE PREPARATION OF NURSE TEACHERS FOR THEIR ROLE WITHIN PROJECT 2000 BY INITIAL TEACHER PREPARATION

Until recently there were a number of ways to prepare to be a nurse teacher. In recent years there has been a move towards nurse teacher preparation courses being at the post-graduate level and attendance being part-time. However, reflecting the nature of courses at the commencement of the study, the majority of the sample used for the modified Delphi study had attended full-time courses (QN1: 267, 79.9% n = 334; TI: 23, 63.9% n = 36) with Certificates in Education being the most common form of teaching qualification (QN1: 173, 51.8% n = 334; TI: 23, 63.9% n = 36) (Appendix 4, Tables 1 and 2).

The trend towards preparation increasingly being at postgraduate level is supported by the data gathered in the telephone interviews. The majority of courses conducted by the teacher educationalists institutions[12], both at the beginning and the end of the research, were found to be at either degree (QN1: 22, 52.4%; TI: 10, 35.7%) or post-graduate certificate/diploma level (QN1: 19, 45.1%; TI: 14, 50%), a reduction in the number of institutions providing degree courses is evident. Similarly, there seems to be a marked reduction in those institutions still offering Certificate in Education courses (from 38.1% to 10.7%) (Appendix 4, Table 3). Data collected in the first questionnaire found that the majority of the sample (QN1: 342, 90.2% n = 379) considered it important for nurse teachers to be specifically prepared for their teaching role by attending a teacher preparation course.

The responsiveness of teacher preparation courses to Project 2000 requirements was assessed in the first questionnaire. At this stage of the research, 33 (78.6% n = 42) teacher educationalists reported that Project 2000 had led to changes being made in their teacher preparation course. The changes most frequently cited were the development of degree/post-graduate courses, the inclusion of teaching and learning strategies (relating to the use of a range of teaching styles and the teaching of large groups) and the provision of teaching practice in higher education (Appendix 4, Table 4). Eight respondents (19.1%, n = 42)

[12]These institutions provide more than one type of teacher preparation course

reported that no changes had occurred in the course as a result of the introduction of Project 2000.

While the issue of teacher preparation was explored during all stages of the research, it was a particular focus of the telephone interviews that were conducted in mid 1994. During these interviews, more in-depth information was obtained regarding this issue from a group of recently qualified nurse teachers and from the teacher educationalists in the sample.

Level of Preparation Provided by Teacher Preparation Course

At the stage of the first questionnaire (1992) those nurse teachers who had completed their teacher preparation course in or after 1987 (93, 35.2%, n = 264) were asked, using a Likert Scale, to assess how prepared they felt for their role both in a Project 2000 curriculum and in a traditional course. The information was collected solely from this group of teachers as it was thought that only since 1987 could it be reasonably expected that teacher preparation courses might have changed their curricula to respond to Project 2000. It was found that while 64 (74.4%) qualified teachers considered that their teacher preparation courses had prepared them adequately for their role in a traditional course, only 32 (37.2%) felt they had been prepared for their role within a Project 2000 course framework (Table 47).

Table 47: Nurse Teacher's Assessment of the Level of Preparation for their Roles in Both a Traditional (Non-Project 2000) and a Project 2000 Course Provided by the Nurse Teacher Preparation Course Attended (QN1 and CSQN)

LEVEL OF PREPARATION	QN1				CSQN	
	TRADITIONAL COURSE[13]		PROJECT 2000 COURSE		PROJECT 2000 COURSE	
	No	%	No	%	No	%
Well Prepared	19	22.1	6	7.0	0	0
Prepared	45	52.3	26	30.2	5	31.3
Unprepared	16	18.6	35	40.7	7	43.7
Very Unprepared	6	7.0	18	20.9	4	25.0
Don't Know	0	0	1	1.2	0	0
TOTAL	86	100.0	86	100.0	16	100.0
Missing	7	-	7	-	0	-

In the first questionnaire the other sample groups had been asked to give their assessment of nurse teacher preparation for Project 2000 (Appendix 4, Table 5). These findings suggested that while 51 (26.7%) of respondents thought that nurse teachers were prepared for their role in Project 2000 courses, 66 (34.6%) considered that they were unprepared for this role. When the responses of the link lecturer[14] (n = 40) sample group in particular are examined, it appears that 17 (42.5%) individuals assessed that nurse teachers were unprepared for their role in Project 2000 courses.

The case study yielded similar results to that of the first questionnaire with regard to the teacher's self-assessment of their level of preparation. Eleven (68.8%) of the teachers who

[13]This data was not collected by the case study questionnaire.

[14]Definition provided on page xiv.

had undertaken the course since 1986 (the year of the publication of Project 2000) considered themselves unprepared by their teacher preparation course for their role in a Project 2000 course framework (Table 47). When the case study site was revisited in 1993, those teachers interviewed who had recently undertaken teacher preparation courses (1990-2) (n = 5) still perceived that their course had not fully prepared them for their present role (although it has to be noted that they had all undertaken their courses at the same institution).

It has to be borne in mind when interpreting these results that the above data was collected in 1991 (CSQN) and 1992 (QN1). It is noteworthy that a different picture emerged from the final stage of the research and the telephone interviews, which were conducted in mid 1994. Here the nurse teachers (a sub-sample of teachers completing the final questionnaire who had been qualified for four years or less) were requested to assess the level of preparation provided by their course. A majority of teachers (22, 61.1%) reported that they felt prepared for teaching within Project 2000 (Table 48).

When the data was examined, it was found that eight (22.2%) nurse teachers who had assessed themselves as unprepared (in the first questionnaire) for their role by their course, had changed their response to prepared in the telephone interviews. It may be that the passage of time has altered their perception of the teacher preparation course.

Table 48: Nurse Teacher's Assessment of the Level of Preparation for their Roles in a Project 2000 Course Provided by the Nurse Teacher Preparation Course Attended (TI) (n = 36)

LEVEL OF PREPARATION	NUMBER	%
Very Prepared	0	0.0
Prepared	7	19.4
Fairly Prepared	15	41.7
Fairly Unprepared	5	13.9
Unprepared	7	19.4
Very Unprepared	2	5.6

Teacher Preparation Courses: Strengths and Weaknesses

The telephone interviews elicited the factors which the nurse teachers considered to be the main overall strengths and weaknesses of their course of preparation. Given that they were not specifically asked to comment on these in relation to Project 2000, it is interesting to note that 9 (25%) teachers mentioned their poor preparation for current developments in nursing education (Table 49).

Ten (27.8%) respondents identified the general quality of the course as the main weakness. Amongst those quality issues mentioned were the level of tutorial support, the teaching strategies used by the lecturers, and the poor overall structure of the course.

Table 49: Main Weakness of the Nurse Teacher's Preparation Course (TI) (n = 36)

MAIN WEAKNESS	NUMBER	%
General quality of course	10	27.8
Lack of preparation for current developments e.g. Project 2000	9	25.0
Poor preparation for curriculum development/ planning	4	11.1
Inadequate teaching on research methods	3	8.3
Poor preparation on teaching skills	3	8.3
Other	5	13.9
No weaknesses	2	5.6

One of the main strengths identified by 9 (25%) teachers was the opportunity to mix with other students (Table 50). Teacher educationalists (4, 22.2%) also mentioned this as a valuable part of the course which their institution provided (Appendix 4, Table 6). Both nurse teachers (4, 11.1%) (Table 49) and teacher educationalists (2, 11.1%) identified problems with the teaching of curriculum planning and design (Appendix 4, Table 7). Four (22.2%)

teacher educationalists noted that improvements were required in the teaching practice component of their courses although 9 (50%) stated that the most valuable part of their course was the integration of the theory and practice of education (Appendix 4, Table 6).

Table 50: Main Strengths of the Nurse Teacher's Preparation Course (TI) (n = 36)

MAIN STRENGTH	NUMBER	%
Teaching skills and practice	11	30.6
Mixing with other students	9	25.0
Structure and organisation of course	5	13.9
Andragogical/experiential nature of course	4	11.1
Other	5	13.9
None	2	5.6

Undertaking a teacher preparation course on a part-time basis was seen to put great pressure on students with regard to workload and having to balance studying on the course with work. This was also identified at the case study site, for as one teacher noted,

> *"Your conscience comes into it, with so much work to do it was impossible to find a day (to take as a study day)".* (CSI: 033).

The majority (13, 72.2%) of teacher educationalists saw this pressure of work as the main disadvantage of part-time study (Appendix 4, Table 7).

Another disadvantage noted by case study participants was the fact that attendance at a part-time course prevented students from broadening their experience by undertaking teaching practice at another college of nursing/midwifery to the one in which they work.

However, as 6 (33.3%) of the teacher educationalists noted, part-time study appears to have some advantages as part-time students have the opportunity to link theory to practice

(Appendix 4, Table 8). It is also interesting to note that job security was identified as one of the main advantages (7, 38.9%) of retaining employment on a part-time basis.

The Important Components of Nurse Teacher Preparation Courses

In the first questionnaire respondents were asked to identify the important components of nurse teacher preparation courses following the implementation of Project 2000 and the focus group interviews were utilised to clarify and illuminate the issues highlighted. The final questionnaire fed back to the sample (n = 356) these previously identified components of teacher preparation courses with the aim of obtaining their assessment of the importance of each component (using a linear analogue scale).

It was found that all components were seen as being important and therefore Table 51 also provides information on the proportion of the sample rating each component as very important.

Table 51: Components of Teacher Preparation Courses Given an Overall Rating as Important By 70% or More of the Sample (With the Percentage of the Sample Rating Components as Very Important) (QN2[15])

COMPONENT	IMPORTANT (%)	VERY IMPORTANT (%)
Student assessment	99.4	71.1
Development of a range of teaching styles	98.9	67.1
Student centred learning	98.6	64.3
Preparing reflective practitioners	97.4	66.0
Teaching at different academic levels	96.6	46.6
Curriculum planning and design	96.3	36.2
Research skills	95.5	52.0
Adult education theory	94.6	42.3
Information technology	94.6	27.5
Clinical teaching/facilitation	94.0	45.5
Management of change	93.5	43.0
Project 2000 issues	92.9	31.8
Mixed ability teaching	92.9	32.6
Lecturing skills	91.0	32.0
Higher education system/culture	89.8	24.4
Period of teaching practice in higher education	85.9	32.0
Teaching large groups	85.1	32.6
Educational/financial management	82.8	14.0
Specialist knowledge/content for use in teaching	78.3	37.9
Marketing	76.3	15.7

[15] A ceiling effect appears to be in operation here with respondents rating all components as important.

The four most important components appear to be student assessment (99.4% n = 355), the development of a range of teaching styles (98.9% n = 354), student centred learning (98.6% n = 355), and the preparation of reflective practitioners (97.4% n = 356).

The least important were marketing (76.8% n = 356), the development of specialist knowledge for use in teaching (78.3% n = 356) and educational/financial management (82.8% n = 354). Although as previously noted these were still considered to be important course components.

Student centred learning and the development of a range of teaching styles were also identified in the first questionnaire as being among the most important components of teacher preparation courses (Appendix 4, Table 9). The development of specialist knowledge for use in teaching, which was the second most frequently cited course component in the first questionnaire, now appears to have become a relatively less important component (Table 51).

The telephone interview stage of the research attempted to explore in greater depth the area of teacher preparation by asking the nurse teachers to assess, using a Likert Scale, how prepared they felt they were by their teacher preparation course in each of the important components assessed by the sample in the second questionnaire.

From the results presented in Table 52, it can be seen that there were a large number of components which were identified by over 50% of the sample as being areas where they felt unprepared by their nurse teacher preparation course. Educational and financial management appears to be one area in which the majority (32, 88.9%) of nurse teachers felt concern at their level of preparation. It is also interesting to note, given the broader range of courses in which nurse teachers are involved, that teaching at different academic levels was an area of concern (27, 74%). It would also appear that the preparation to teach clinical skills was felt to be inadequate by more than half of the nurse teachers (20, 55.6%).

Table 52: The Important Components of Teacher Preparation Courses in Which Nurse Teachers Regarded Themselves as Being Unprepared by Their Course (TI) (n = 36)

COMPONENT	NUMBER	%
Educational and Financial Management	32	88.9
Teaching at Different Academic Levels	27	74.0
Information Technology	26	72.2
Teaching Large Groups	23	63.9
Teaching in a Higher Education Setting	23	63.9
Research Skills	21	58.3
Teaching Clinical Skills	20	55.6
Preparing Reflective Practitioners	20	55.6
Mixed Ability Teaching	19	52.0

The sample identified the components which they felt prepared for by their teacher preparation course (Table 53). The vast majority of the sample identified that they were prepared both in using a range of teaching styles (34, 94.4%) and adult approaches to education (33, 91.7).

Table 53: The Important Components of Teacher Preparation Courses in Which Nurse Teachers Regarded Themselves as Being Prepared by Their Course (TI) (n = 36)

COMPONENT	NUMBER	%
Using a Range of Teaching Styles	34	94.4
Adult Education Approaches	33	91.7
Student Assessment	31	86.1
Student-centred Learning	31	86.1
Lecturing Skills	24	66.7
Curriculum Planning and Design	21	58.3
Management of Change	21	58.3

Addressing Deficits in Teacher Preparation Courses

For those course components that nurse teachers had identified as being unprepared in by their course, further information was collected by the telephone interviews to investigate whether or not these teachers had addressed this deficit since gaining their nurse teacher qualification. It is noteworthy that of the 32 (88.9%) nurse teachers who felt unprepared by their teacher education course in educational and financial management, the majority (19, 59.4%) had still not been able to address this deficit since qualification (Table 54). It may be that as these aspects are not generally part of the role of an inexperienced nurse teacher they did not view it as an urgent deficit to address. It is interesting, however, that all the teachers who had felt unprepared in teaching at different academic levels (27, 74%) or in research skills (21, 58.3%) had felt able to bring their skills up to an acceptable level (as judged by themselves).

Table 54: The Ability of Nurse Teachers to Address Deficits in their Preparation as a Teacher (TI) (n = 36)

COMPONENT	NUMBER OF NURSE TEACHERS FEELING UNPREPARED	NUMBER ABLE TO ADDRESS DEFICIT	%	NUMBER UNABLE TO ADDRESS DEFICIT	%
Educational and Financial Management	32	13	40.6	19	59.4
Teaching at different academic levels	27	27	100.0	-	-
Information Technology	26	22	84.6	4	15.4
Teaching large groups	23	19	82.6	4	17.4
Teaching in a higher education setting	23	15	65.2	8	34.8
Research skills	21	21	100.0	-	-
Teaching clinical skills	20	16	80.0	4	20.0
Preparing reflective practitioners	20	16	80.0	4	20.0
Mixed ability teaching	19	14	73.7	5	26.3

The sample were also asked to identify the particular strategies they had used to overcome the deficit in their preparation on specific components. Each respondent was asked to state all the strategies they used for each component.

Table 55 lists the important components of nurse teacher education courses and the number of times a strategy was mentioned by the nurse teachers. It appears that "on the job" learning is most frequently used to address deficits in teaching at different academic levels, curriculum planning, teaching clinical skills, teaching in a higher education setting and mixed ability teaching. Whereas self-directed learning strategies were found to be used to address deficits in relation to information technology and preparing reflective practitioners. Degree studies were used to rectify deficiencies in research skills and in developing specialist knowledge for teaching.

Table 55: Telephone Interviews: Strategies used by Nurse Teachers to overcome the deficits in the important components of teacher preparation courses.

	STRATEGIES USED											
IMPORTANT COMPONENTS	**"On the job" learning**		**Self-directed learning**		**Informal Education**		**Degree Studies**		**Continuing Education**		**None Needed**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Information Technology	5	13.9	15	41.7	6	16.7	1	2.8	7	19.4	23	63.9
Student-centred learning	3	8.3	0	0.0	2	5.6	0	5.0	2	5.6	0	0.0
Adult education approaches	2	5.6	2	5.6	1	2.8	0	0	1	2.8	3	8.3
Using a range of teaching styles	1	2.8	1	2.8	2	5.6	0	0	0	0	0	0
Teaching large groups	18	50.0	2	5.6	2	5.6	0	0	0	0	1	2.8
Curriculum planning & design	11	30.6	1	2.8	3	8.3	0	0	0	0	0	0
Teaching at different academic levels	22	61.1	2	5.6	6	16.7	3	8.3	4	11.1	1	2.8
Developing specialist knowledge\content for use in teaching	2	5.6	6	16.7	2	5.6	9	25.0	3	8.3	3	83
Lecturing Skills	10	27.8	1	2.8	5	13.9	0	0	0	0	1	2.8

Table 55: Telephone Interviews: Strategies used by Nurse Teachers to overcome the deficits in the important components of teacher preparation courses Cont .....

	STRATEGIES USED											
IMPORTANT COMPONENTS	**"On the job" learning**		**Self-directed learning**		**Informal Education**		**Degree Studies**		**Continuing Education**		**None Needed**	
Teaching clinical skills	11	30.6	0	0	2	5.6	0	0	1	2.8	5	13.9
Preparing reflective practitioner	8	22.2	8	22.2	4	11.1	1	2.8	1	2.8	0	0
Teaching in a higher education setting	13	36.1	2	5.6	5	13.9	1	2.8	1	2.8	0	0
Management of change	3	8.3	3	8.3	1	2.8	6	16.7	2	5.6	3	8.3
Research skills	3	8.3	5	13.9	3	8.3	16	44.4	2	5.6	2	5.6
Educational and financial management	8	22.2	1	2.8	2	5.6	3	8.3	1	2.8	0	0
Mixed ability teaching	11	30.6	2	5.6	5	13.9	14	38.9			1	2.8
Student assessment	3	8.3	0	0	2	5.6	0	0	3	8.3	0	0

Future Changes in Nurse Teacher Preparation

The final questionnaire explored future changes in nurse teacher education. In particular, it obtained the sample's views regarding the probability and desirability of possible changes identified in the earlier stages of the research.

The Probable Changes in Nurse Teacher Preparation

The sample thought it probable (92.3% n = 336) that teacher preparation courses in the future would focus on teaching skills and educational theory rather than attempting to address any shortfall in the student teacher's knowledge base by including areas that the student might teach in the future (e.g sociology, physiology, nursing theory) (Table 56). The assumption that the student enters the course with a knowledge base to teach from relates to the finding that it is also viewed as highly probable (91.1% n = 338) that all courses will be at post-graduate level, with students entering with a first degree (Table 56).

It was also seen as highly probable (90.6% n = 340) that prospective nurse teachers would be recruited because of their specific academic expertise (Table 56) although this was seen as being undesirable by almost two thirds of the sample (64.1% n = 345). Another change viewed as being probable (84.4% n = 339) and yet undesirable by over half of the sample (51.5% n = 340) was that courses would decrease in length as a result of all graduate recruitment. A move to increase the time student teachers spend in student contact rather than at the higher education institution where they are undertaking the course also appears to be seen as both probable (83.9% n = 336) and desirable (76.0% n = 342).

Table 56: Changes in Nurse Teacher Preparation Courses Given an Overall Rating as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

CHANGE	PROBABILITY (%)	DESIRABILITY (%)
Nurse teacher preparation courses will focus on teaching skills/educational theory, excluding the content for teaching (i.e the "how" to teach and not the "what" to teach)	92.3	74.2
All nurse teacher preparation courses will be at post-graduate level	91.1	85.7
Recruitment of prospective nurse teachers will occur with individuals being recruited because of their specific academic expertise	90.6	64.1
Nurse teacher preparation courses will decrease in length as a result of all graduate recruitment	84.4	51.5
Nurse teacher preparation courses will follow the trend in school teacher education, with less time being spent in the higher education's education department and more time being spent in student contact	83.9	76.0
Prospective nurse teachers will enter teacher preparation courses directly from clinical positions (without working in an unqualified position in the college)	81.9	51.7
All nurse teacher preparation courses will be part-time	75.5	34.5
Prospective nurse teachers will have to finance their own teacher preparation courses	74.6	8.2

Other changes viewed as probable yet undesirable were students entering teacher preparation courses directly from clinical practice without working in an unqualified position in the college of nursing/midwifery, moves to make teacher preparation courses part-time and students funding the courses themselves (Table 56).

Changes not seen as being probable (i.e. rated as probable by less than 70% of the sample) are presented in Appendix 4, Table 10.

The Desirable Changes in Nurse Teacher Preparation

The move to all nurse teacher preparation courses being at postgraduate level was viewed as being desirable (85.7% n = 343). It was also seen as desirable (83.3% n = 347), though improbable (66.5% n = 340), that prospective nurse teachers would be recruited on the grounds of their specific clinical expertise. As noted above, the sample viewed it as being more likely that teachers will be recruited on the basis of their academic expertise. Changes in the balance of teacher preparation courses, with more time being spent in practice (i.e in student contact) and more focus in the course on teaching skills and educational theory, were also seen as both desirable and probable (Table 57).

Table 57: Changes in the Nurse Teacher Preparation Courses Given an Overall Rating as Desirable By 70% or More of the Sample with The Respective Probability of the Response (QN2)

CHANGE	DESIRABILITY (%)	PROBABILITY (%)
All nurse teacher preparation courses will be at post-graduate level	85.7	91.1
Recruitment of prospective nurse teachers will occur with individuals being recruited because of their specific clinical expertise	83.3	66.5
Nurse teacher preparation courses will follow the trend in school teacher education, with less time being spent in the higher education's education department and more time being spent in student contact	76.0	83.9
Nurse teacher preparation courses will focus on teaching skills/educational theory, excluding the content for teaching (i.e the "how" to teach and not the "what" to teach)	74.2	92.3

Changes not seen as being desirable (i.e. rated as desirable by less than 70% of the sample) are presented in Appendix 4, Table 11.

Route Into Nurse Education

Prior to entering nurse education the majority (QN1: 182, 76.5% n = 238; CSQN: 32, 86.5% n = 37) of the sample had worked as a Sister/Charge Nurse and the case study revealed that the main reason nurse teachers gave for becoming a teacher was that they had enjoyed teaching as a clinical nurse (13, 34.2% n = 38) (Appendix 4, Table 12). The following extracts from the case study data illustrates this finding.

> *"I chose nurse teaching because I enjoyed clinical teaching, teaching nurses and supporting them in the clinical area".* (CSQ)

> *"I enjoyed teaching in the clinical area and it seemed a natural progression"* (CSQ)

> *"I enjoyed working with students and felt I wanted to devote more time to a teaching role".* (CSQ)

It was found to be uncommon for nurses to commence their teacher preparation course without having worked in the capacity of either (or both) a clinical nurse teacher or an unqualified teacher (QN1: 58, 21.7% n = 267; TI: 10, 27.8% n = 36; CS: 11, 28.2% n = 32) (Appendix 4, Tables 13 and 14). The nurse teachers in the sample were frequently discovered to have worked previously as a clinical teacher (QN1: 112, 42% n = 267; CS: 14, 43.8% n = 32).

The focus group interview stage of the modified Delphi study suggested that the experience of working as an unqualified nurse teacher, prior to gaining a place on a teacher preparation course, could be one element of a steady deskilling process of their teachers' clinical skills.

Both teacher educationalists (n = 18) and those nurse teachers who had worked as unqualified teachers (n = 26) were asked to identify the main advantages and disadvantages of working in this capacity. Their main concerns related to the actual job of teaching and did not specifically identify problems in the clinical area. Having insufficient knowledge and being ill-prepared for the job of teaching was identified by 13 (29.5%) of the sample (Appendix 4, Table 15). Gaining insight and experience of teaching was seen to be an advantage by the majority (37, 84.1%) of the sample (Appendix 4, Table 16).

When this aspect was explored further in the final questionnaire it was assessed as being probable but undesirable (Table 56) that prospective nurse teachers should enter teacher preparation courses directly from clinical positions (without working in an unqualified position in a college). A statistically significant relationship was found between the length of time individuals had been qualified as teachers and the view of whether it was desirable for prospective nurse teachers to enter teacher preparation courses directly from clinical positions. Those teachers who had been a qualified nurse teacher for six years or more being found to more frequently regard this as being a desirable change (Chi square = 5.77 with Yates Correction; df = 1; p = .02; phi = .17 n = 230) (Appendix 4, Table 17). However, the value of phi suggests that while the association is statistically significant, the actual strength of the relationship is weak and thus unlikely to explain much of the variation between those teachers qualified for six years or more and those qualified for less than six years.

The Recruitment of Student Nurse Teachers

As previously discussed, the sample viewed it as highly probable that prospective nurse teachers would be recruited because of their specific academic expertise (Table 56) although they did not regard this as being a desirable change. Conversely it was seen as desirable but improbable that prospective nurse teachers would be recruited on the grounds of their specific clinical expertise.

A statistically significant relationship was found between a teacher's acquisition of degree status and the view of whether it was desirable for prospective nurse teachers to be recruited on the basis of their academic expertise. Teachers who had acquired degree status were found to more frequently regard this as being a desirable change (Chi square = 6.83 with Yates Correction; df = 1; p = .009; phi = .18; n = 235) (Appendix 4, Table 18).

Statistically significant relationships were also discovered between type of degree and the desirability of prospective nurse teachers being recruited on the basis of their academic expertise. Those teachers with a Masters (taught) degree (Chi square = 7.08 with Yates Correction; df = 1; p = .008; phi = .19; n = 232) (Appendix 4, Table 19) and also those with a Bachelor's degree (Chi square = 4.02 with Yates Correction; df = 1; p = .05; phi = .14; n = 233) (Appendix 4, Table 20) were found to view it as desirable that nurse teachers should be recruited on the basis of their academic expertise.

Interestingly teachers with a Masters degree (taught) were also found to more frequently regard it as probable that prospective nurse teachers would be recruited on the basis of their clinical expertise (Chi square = 9.52 with Yates Correction; df = 1; p = .002 phi = .21; n = 232) (Appendix 4, Table 21).

Statistically significant differences were found between the sample groups and their assessment of the type of expertise to consider when recruiting student nurse teachers. While the Link Lecturer group more frequently assessed it as desirable for prospective nurse teachers to be recruited on the basis of their specific academic expertise, the Clinical Nurse group more frequently regarded such a change as being undesirable (Chi square = 14.55; df = 5; p = .013; Cramer's V = .21; n = 345) (Appendix 4, Table 22).

Both the Clinical Nurse and Manager sample groups considered it improbable that prospective nurse teachers would be recruited on the basis of their clinical expertise (Chi square = 18.17; df = 5; p = .003; Cramer's V = .23) (Appendix 4, Table 23).

However, the values of phi and Cramer's V for the statistical tests reported in this section suggest that while the associations are statistically significant, the actual strength of these relationships are relatively weak and hence are unlikely to explain much of the variation between the groups.

In the telephone interviews the sample were asked to identify the type of expertise they considered to be the most important. As can be seen in Table 58, the findings suggest that these participants viewed both academic and clinical expertise as being equally important in the recruitment of student teachers.

Table 58: The Expertise to Consider When Recruiting Student Nurse Teachers (Nurse Teachers, Teacher Educationalists) (TI) (n = 54)

QUALITY	NUMBER	%
Academic Expertise	5	9.3
Clinical Expertise	3	5.5
Academic and Clinical Expertise Equally Important	46	85.2

Nurse Teacher Education Institutions Role in Preparation for a Clinical Role

The institutions providing nurse teacher preparation courses also play an important part in preparing teachers for their full professional role, including their ability to teach in the clinical area. In the telephone interviews the teacher educationalists were asked to comment on their institutions' views of the nurse teachers' role in the clinical area. Ten (55.6%) stated that the institution viewed clinical teaching by nurse teachers as important and significant. Only one respondent said that the clinical role was not considered important by the institution and three (16.7%) reported that the nurse teacher was seen as both a resource and facilitator but not a clinical expert (Appendix 4, Table 24).

These results are reflected in the responses of the teacher educationalists to the question of what specific preparation is provided by the teacher preparation course in their institution for this aspect of the nurse teachers' role. The majority (12, 66.7%) stated that a proportion of the teaching practice element of the course was spent in the clinical area and five (27.8%) pointed out that part of the summative assessment of teaching practice takes place in the clinical area (Appendix 4, Table 25).

SUMMARY

- Initial stages of the research consistently found that nurse teachers considered themselves to be unprepared for their role in a Project 2000 course. However, it is interesting to note that data collected by the telephone interviews indicated that the majority of recently qualified nurse teachers (4 years or less) do in fact feel prepared for this role. Further analysis revealed that a sizeable proportion of teachers had changed their assessment of their preparation course between 1992 and 1994.

- Undertaking a part-time course was found to create problems for student teachers in terms of balancing the pressures of work with that of course demands. It also does not provide the opportunity to undertake teaching practice at an alternative college.

- A number of important course components were identified by the sample, with the most important being student assessment, the development of a range of teaching styles, student centred learning and the preparation of reflective practitioners. The development of a range of teaching styles and student centred learning were consistently seen as being two of the most important areas for courses to include in order to prepare teachers for their role in Project 2000 throughout the period of the research.

- Courses appear to be equipping teachers for Project 2000 in areas such as using a range of teaching styles, adult education approaches, student assessment and student centred learning.

- A number of specific areas in which teachers feel ill-prepared by their course were identified. These include educational/financial management, teaching at different academic levels, teaching in a higher education setting, research skills and teaching clinical skills. The preparation of reflective practitioners (identified as one of the most important course components) was also cited by 20 (55.6%) teachers.

- The teachers were found to be able to address the areas in which they had highlighted a deficit, largely through "learning on the job" rather than by formal methods.

- The most probable changes to occur in nurse teacher preparation were that courses will focus on teaching skills/educational theory, that all courses will be at post-graduate level, and that prospective nurse teachers will be recruited on the basis of their academic expertise.

- The most desirable changes to occur were seen as being that all courses would be at the post-graduate level, that nurse teachers would be recruited on the basis of their clinical expertise and that the course balance would alter with less of the teacher preparation course being spent on theory and more time in actual practice.

- The nurse teachers in the sample were found to have frequently entered nurse education from senior clinical positions and to have spent a period of time working in a college in an unqualified capacity. Many were found to have worked as clinical teachers. Working as an unqualified teacher was not viewed as being desirable by the sample in the final questionnaire.

DISCUSSION

The changes occurring in recent years in nurse education, higher education and the National Health Service have not only affected the role of the nurse teacher but have implications for their preparation.

Nurse teachers are now expected to be graduates (DoH, 1989a) and to be clinically credible (DoH, 1989a; UKCC, 1994). The final PREPP document (UKCC, 1994) recommends that to become a teacher an individual should be a graduate and have a specialist qualification. Specialist nursing practice in the PREPP report requires the practitioner to have undergone additional post-registration education and to be using a higher level of judgement and decision making in clinical practice.

It was seen as a desirable and probable change that all courses would be at the post-graduate level. The respondents were ambivalent regarding the basis on which nurse teachers should be recruited. It is interesting to note that it was seen as desirable but improbable that nurse teachers would be recruited on the basis of their clinical expertise. Conversely it was seen as probable but undesirable that prospective nurse teachers would be recruited on the basis of their academic expertise. There is clearly a dilemma here, since the recruitment of subject specialists, be they experienced clinical nurses or individuals with a background in biological or social sciences, will shape the future direction which nurse education will take. Historically nurse educators were recruited from the clinical field and went through a period of clinical deskilling, often beginning with a period as an unqualified teacher. Buttigieg (1990) recommended that this route into nurse teaching should be reappraised, and this study supports this recommendation. Given the diversity of the relationships that Colleges of nursing/midwifery have formed with higher education this may influence the type of individual they would wish to recruit to teaching. In situations where the college of nursing/midwifery has relocated into higher education and if the "ologies" (for example biological sciences, social sciences) are being taught by lecturers from higher education, then

the need to recruit nurse teachers as academic specialists will be minimal, unless the subject area is nursing.

With respect to the content of teacher preparation courses, it was seen as desirable that the course balance would alter, with less of the teacher preparation course being spent on theory and more time in actual teaching practice. This is in keeping with changes in the preparation of school teachers where a greater proportion of time is to be spent in schools on teaching practice. Given the current economic climate there are likely to be increasing difficulties around obtaining funds for full-time study. Undertaking a part-time course was found by some of the respondents in this study to create problems in terms of balancing the pressures of work with those of course demands. Part-time study does not provide the opportunity to undertake teaching practice at an alternative college. Given that part-time courses may be the only way that some nurses will be able to train as teachers, there are two possible options. First, given the association with higher education it may be considered unnecessary by the profession for teachers to obtain a teaching qualification since there is no requirement for lecturers in higher education to do this. Second, if teacher training is to continue as a viable enterprise then new and imaginative ways will have to be found to combine concurrent work and study. For example, it may be necessary to ensure that part-time students have the much valued opportunity to work in an institution other than their own.

It is likely given the all graduate entry to nurse teacher preparation courses that courses will be reduced in length since there will no longer be the requirement to upgrade student's knowledge in subject areas. There is a need for a more helpful dialogue between teacher preparation institutions and Colleges of nursing/midwifery.

Gallego and Walter (1991) have noted that "it is no longer enough to prepare teachers to teach, there is a need to provide preparation for the other roles they'll be asked to undertake". A number of important course components were identified by the sample, with the most important being student assessment, the development of a range of teaching styles, student centred learning and the preparation of reflective practitioners. The development of

a range of teaching styles and student centred learning were consistently seen as being two of the most important areas for courses to include in order to prepare teachers for their role in Project 2000 throughout the period of the research. A number of specific areas in which teachers feel ill-prepared by their course were identified. These include educational and financial management, teaching at different academic levels, teaching in a higher education setting, research skills and teaching clinical skills. The preparation of reflective practitioners (identified as one of the most important course components) was also cited by 20 (55.6%) teachers. Whilst our sample felt ill-prepared in for example financial management, the question has to be asked whether newly qualified teachers need this knowledge since only a small number of nurse teachers in a college will require such skills. Research skills were also highlighted as an area in which newly qualified teachers felt unprepared. Whilst it is important for teachers to be able to critically appraise published research, it is questionable whether all teachers will be required to conduct research. It is important for Colleges of nursing/midwifery to determine in their staffing profile how many individuals need additional skills in areas such as financial management and research. The current ethos appears to be, as evidenced in our findings (Table 51) that all teachers need to know about everything and it would be desirable for this to change if nursing is to take its proper place within higher education.

In the context of teaching clinical skills to Project 2000 students it has been claimed by a number of authors (RCN 1983; Gerrish, 1992) that teacher preparation courses should prepare teachers in this area. The clinical role of the nurse teacher was an area in which our respondents felt ill-prepared to undertake. This is clearly an area which requires further attention. The findings discussed in chapter four illustrated the importance the respondents attached to the clinical role. The finding that teachers feel unprepared in this area may contribute to the low priority afforded to clinical teaching in Project 2000 programmes.

Given the unprecedented changes in the national health service, higher education and nurse education, it is necessary to form a clear view of what the future role of the nurse teacher will be. Regrettably this may be determined by market forces and other factors which may

be difficult for the profession to control. The final chapter of this report explores these issues and their impact on nursing education.

CHAPTER SIX

THE PROFESSIONAL AND ACADEMIC NEEDS OF NURSE TEACHERS

THE PROFESSIONAL AND ACADEMIC NEEDS OF NURSE TEACHERS

Project 2000 and the formation of links with higher education appears to have provided the impetus for the enhancement of the nurse teachers' professional and academic development. The opportunity for professional and academic development was one of the most frequently cited advantages for nurse teachers arising from the introduction of Project 2000 and the formation of links with higher education (Appendix 5, Tables 1, 2, 3 and 4).

The case study revealed that by teaching subjects in both a greater depth and breadth, teachers had been able to develop their own knowledge base as these extracts from the data illustrate.

> *"The subjects and the depth of subjects has changed and to be able to teach the nurse teacher has had to develop academically."* (CSQN: 014)

> *"I think it (Project 2000) has developed my knowledge, it's made me branch out from just nursing ...it's enhanced my knowledge because it's made me go out and look at different areas and it's made me look deeper into the areas that I used to teach before too ..... one positive element is that it has made us develop areas that we would not normally have developed".* (CSI: 029)

The curriculum planning required for Project 2000, together with the many other courses that have emerged in its wake, was also viewed as a source of personal development for nurse teachers. The need to visit community placements was also seen as an opportunity for development in terms of broadening the teacher's experience.

> *"Having trained as a psychiatric nurse 20 odd years ago, I didn't do much community. Now I have placements to visit in the community and the stuff that I've learned is amazing ..... so this link with the community is fundamentally important, I value it for it teaches me".* (CSI: 004)

Continuing Educational Needs Following the Introduction of Project 2000

In the early stages of the research it was apparent from the data collected that nurse teachers' continuing educational needs were seen largely in terms of gaining a degree. The development of specialist knowledge for use in teaching was also consistently identified by participants, as were the development of management, research and clinical skills. (CSQ: Appendix 5, Table 5. QN1: Appendix 5, Table 6. FGI).

Continuing Educational Needs - Relative Importance of the Components Identified

In the final questionnaire the continuing education components that had been identified by respondents in the previous stages of the research were fed back to the sample for their further assessment. As Table 59 demonstrates, all areas were regarded as being important and hence this table also provides information on the proportion of the sample rating each component as being very important in order to establish a hierarchy of continuing education components. However, only four components were rated as being very important by more than 50% of the sample.

The three areas rated as being important by the largest proportion of the sample were found to be research methods/skills (97.7% n = 355), coping with change (96.1% n = 355), and information technology (96.1% n = 355). Acquiring specialist knowledge for use in teaching was assessed as being very important by 50.8% (n = 354) of the sample. Obtaining a higher degree now appears to be viewed as being more important than gaining a first degree, reflecting the increase in the numbers of teachers who have now acquired a first degree. The skills of teaching large groups and adult education theory were seen as the least important continuing education components.

Table 59: Continuing Education Components Given an Overall Rating as Important By 70% or More of the Sample with the Percentage of the Sample Rating Components as Very Important (QN2)

COMPONENTS	IMPORTANT (%)	VERY IMPORTANT (%)
Research methods/skills	97.7	53.5
Management/coping with change	96.1	50.1
Information technology	96.1	37.2
Specialist knowledge/content for use in teaching	94.4	50.8
Using a range of teaching styles	92.1	42.8
Obtaining a higher degree	91.8	46.0
Student centred learning	91.0	42.5
Obtaining a first degree	89.4	61.4
Education/financial management	85.9	24.2
Adult education theory	80.5	21.7
Teaching large groups	79.7	25.6

Continuing Educational Needs - College Strategies for Staff Development

The focus group interviews had highlighted teachers' concerns regarding the lack of an explicit and coherent strategy for staff development. Teachers were unsure of where to seek careers advice and were confused over the appropriate degree to study as illustrated by the following data extracts.

> *I personally believe we need individual profiling of people as a career planning strategy. It has to be done by people with expertise. We appear not to have these people and its got to be done with some knowledge of what is needed and available".* (FGI)

"There is a lack of careers advice for tutors ..... who do I go to for advice? Well of course I looked at colleagues who had already done their degrees and said "what was it like? What did you get out of it? We are just having to use our own networks all the time". (FGI)

"I find it difficult because the goalposts are constantly changing. I'm doing a degree in education at the moment because ..... I'd assumed that it was the most appropriate thing to go for. But soon after I started it in fact I found that people were saying what you should be doing is psychology, sociology or physiology". (FGI)

This conflicts with the findings from the telephone interviews which found that the majority (31, 86.1% n = 36) of teachers' institutions had strategies for their continuing professional development. This difference in opinion may be partially accounted for by the time difference between the conduct of the focus group interviews (early 1993) and the telephone interviews (mid 1994). It may be that Colleges had developed such strategies by 1994.

However, it seems that having an organisational strategy for staff development does not necessarily provide the complete solution. The case study college had a strategy for teacher development in their Project 2000 curriculum document but this neither prevented teachers experiencing problems in obtaining sufficient study time nor provided a reduction in workload while they were undertaking a course. Questions were also raised about the individualised nature of these strategies for, as one teacher noted:

"A couple of years ago it was a case of get a degree, any degree. Then it was a case of get a degree that was related to health such as psychology, sociology. Now there seems to be this focus on health studies and it's not one I would choose because I'm not health related, I'm more social or education related ..... What's been taken out is that element of choice." (CSI: 031)

Thus there may be conflicts between the strategy of the organisation and the individual teacher's personal development needs. The organisation's strategy may also be modified due to wider educational changes and this may not be fully communicated to teachers.

Nurse Teachers' Professional Education Needs: Maintaining Clinical Expertise

Previous stages of the research had suggested that the main methods for teachers to maintain their clinical credibility was by regular updating in the clinical area and by liaising or linking with clinical areas (Table 60 and Table 61). By clinical updating the sample appeared to refer to the teacher working for a period of time as a clinical nurse. Suggestions for the length of time required for clinical updating ranged from between one and four weeks per year. As these tables show, nurse teachers working with students in clinical areas, or having a contractual commitment to clinical input, were both infrequently cited.

Table 60: Means of Nurse Teachers Retaining/Maintaining Clinical Credibility (Nurse Teachers, Clinical Nurses, Teacher Educationalists, Specialist Nurse Teachers) (QN1) (n = 389)

MEANS OF RETAINING/MAINTAINING CREDIBILITY (Identified by 10% or more)	NUMBER	%
Regular Updating in the Clinical Area	159	40.9
Liaison/Link Role	136	35.0
Development of Lecturer-Practitioner Role	60	15.3
Working with Students in the Clinical Area	43	11.1
Contractual Commitments	39	10.0

Table 61: Means of Nurse Teachers Retaining/Maintaining Clinical Credibility (CSQN) (n=35)

MEANS OF RETAINING/MAINTAINING CLINICAL CREDIBILITY	NUMBER	%
Regular Updating in the Clinical Area	15	42.9
Liaison/Link Role	12	34.8
Difficult/Impossible to Retain Credibility	7	20.0
Working with Students in the Clinical Area	6	17.1
Improvements in Time Management	5	14.3
Reading the Literature/Seminar Attendance	4	11.4
Joint Appointments/Lecturer-Practitioner Role	2	5.7
Other	1	2.9
Missing	4	-

Updating Clinical Practice

Although the focus of the telephone interviews was teacher preparation and continuing education, it was considered by the researchers to be a good opportunity to explore the issue of maintaining clinical expertise with a group of recently qualified nurse teachers. It could be argued that this group would be expected to have had the most recent experience of working in clinical practice.

The sample were asked whether they had the opportunity to update their clinical experience by actually working as a clinical nurse. The majority (25, 69.4% n = 36) of the sample stated that this opportunity was available to them. Although opportunities were present, it was also useful to identify whether nurse teachers had experienced any difficulties in maintaining clinical expertise in this way. It was found that the most frequently cited difficulty was lack of time (33, 91.7%) (Table 62).

Table 62: Difficulties Faced by Nurse Teachers in Maintaining Clinical Expertise (TI) (n=36)

DIFFICULTY	NUMBER	%
Lack of time	33	91.7
Lack of organisational commitment	14	38.9
Lack of confidence in clinical skills	12	33.3
Inappropriate clinical link area	6	16.7
Maintaining clinical expertise not a personal priority	4	11.1
Poor relationships with clinical staff	3	8.3

At the case study site nurse teachers were allocated one week per year for clinical updating, though in practice the teachers experienced great difficulty in finding the time for this because of workload pressures. The time for clinical updating had to be found out of an already busy schedule and there was no reduction in workload to allow for this form of staff development.

Teachers had previously been asked in the telephone interviews to identify their main role in the clinical area (see Table 39). They had indicated that this role consisted for the majority of teachers in making supportive visits to students (22, 61.1%), with only 7 (19.4%) respondents reporting that their role involved working with students in the delivery of patient/client care. When these results were cross-tabulated with the difficulties faced (Table 63), it revealed that no matter what their main role was in the clinical area, lack of time was identified as a barrier to their maintaining clinical expertise. For example, of those nurse teachers who stated that their main clinical role was working with students delivering care to patients, all (7, 100%) identified lack of time as a problem.

Despite the difficulties faced, it is notable that the majority (30, 83.3% n = 36) of nurse teachers were of the opinion that they could work on the ward as a safe and efficient member

of the clinical staff (with the proviso that they did not have to assume a position of clinical leadership).

Table 63: Cross-tabulation of the Nurse Teacher's Main Role in the Clinical Area with the Difficulties Faced in Maintaining Clinical Expertise (TI) (n=36)

MAIN ROLE IN CLINICAL AREA	DIFFICULTIES FACED IN MAINTAINING EXPERTISE											
	LACK OF TIME		LACK OF ORGANISATIONAL COMMITMENT		CLINICAL EXPERTISE NOT A PRIORITY		LACK OF CONFIDENCE		POOR RELATION-SHIPS WITH STAFF		INAPPROPRIATE LINK AREA	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Making supportive visits	19	83.4	10	45.4	4	18.2	9	40.1	3	13.6	4	18.2
Working with students delivering care	7	100.0	3	42.9	0	0.0	2	28.6	0	0.0	1	14.3
Monitoring academic progress	4	80.0	0	0.0	0	0.0	1	20.0	0	0.0	0	0.0
Demonstrating specific clinical skills	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	1	50.0
No role in clinical area	2	66.7	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0

In the earlier stages of the research it was apparent that teachers were under considerable pressure to obtain a degree in order to ensure their continuing employment. A "paperchase" appeared to be occurring with teachers finishing one course and going straight onto another without time for consolidation. In particular, teachers spoke of,

> *"Struggling to get a degree in order to keep your job"* (CSI: 033)

Nurse teachers appeared to be confused over what degree subjects to pursue and some felt that they were being pushed in directions that they would not necessarily choose for themselves in order to meet an organisational need. Pressures led to nurse teachers undertaking studies which were seen as being the most expedient - often degrees in education.

> *"I am aware of a lot of colleagues who wouldn't have got a degree and wouldn't have pursued it ..... they are choosing options that are the easiest."* (FGI)

The focus groups highlighted the confusion experienced by teachers with regard to which subject area of degree to pursue. Initially Colleges were reported to have just been concerned with the acquisition of degrees rather than considering particularly the degree subject areas. However, both the focus group interviews and the case study data suggested Colleges were becoming far more selective in which degrees they would be prepared to sponsor. Education degrees were being discouraged with teachers attending the focus groups reporting that the pressure was now to gain a degree in an academic subject area, though interestingly this did not appear to necessarily include nursing:

> *"I went and did a degree in nursing and we were then told we don't want people with degrees in nursing, we want 'ologists'"* (FGI)

Changes in organisational priorities also created problems for some teachers at the case study site,

> *"The ground rules keep changing. It was if you have a first degree then you'll be alright and so you do it and then you need to do a higher degree --- what's been taken away is that element of choice ..... will it make me a better teacher, I don't know"* (CSI: 037)

As nurse teachers have increasingly acquired first degrees their academic needs are largely now seen in terms of obtaining a higher degree. The telephone interviews investigated in greater depth the issue of higher degree status. When the main reasons for nurse teachers achieving higher degree status were investigated, it was found that the focus of the sample's responses were not exclusively linked to either academic development or the specific requirements of the job (Table 64). Enhancing job security was identified by 22 (40.7%) of the sample.

Table 64: The Main Reason for Nurse Teachers Gaining a Higher Degree (TI) (n = 54)

REASON	NUMBER	%
To Enhance Job Security	22	40.7
To Teach Beyond Diploma Level	14	25.9
For Academic Status	9	16.7
For Personal Development	5	9.3
Other	4	7.4

Current degree status, however, appeared to affect the nurse teacher's response to this question. When a cross-tabulation of the nurse teacher's degree status with their views on the main reason for achieving a higher degree was carried out, it seemed that teachers who already hold a higher degree do not identify job security as a reason for gaining it (Appendix 5, Table 7). This contrasts with the finding that 8 (50%) of those teachers holding a first

degree and 6 (42.9%) of teachers without a degree, stated that job security would be the main reason for striving for higher degree status. A possible explanation for this finding is that possession of a higher degree may enhance feelings of job security and confidence. It has to be noted however, that these findings were not statistically significant.

The majority of the teachers at the case study site were studying for a degree (CSQN: 20, 51.3%, n = 39) and it was apparent from their experiences that there were difficulties in studying for a degree whilst working full-time. Study time tended to be granted only for course attendance and there was no reduction in workload. Teachers spoke of trying to do five days work in four days.

> *"You get a day off to do your degree but you don't get any reduction in your workload. So you might not be in class that day but all the other work remains. That's on your desk the next day you go in. So that puts you under a lot of pressure."* (CSI: 030)

The focus groups revealed that teachers were slowly beginning to be aware of the expectations of higher education in terms of demonstrating research activity. This pressure was seen as yet another barrier to developing clinical expertise.

> *"..... pressures on the University lecturers are for research and publications, not on recent and relevant clinical experience, not on clinical practice."* (FGI)

While college Principals were beginning to encourage academic rigour in staff, many teachers felt unsupported and ill-prepared to meet this added challenge, with one participant speaking of,

> *"a great cavern between the focus of higher education and ourselves".* (FGI)

Future Changes in Nurse Teacher Continuing Education

The final questionnaire explored the changes in nurse teacher continuing education by obtaining the sample's assessment of the probability and desirability of those changes identified in the earlier stages of the research.

The Probable Changes in Nurse Teacher Continuing Education

Only one change in nurse teacher continuing education was viewed by the sample as being probable, namely the inception of college based strategies for nurse teacher continuing education (82.7% n = 341) (Table 65).

Table 65: Changes in Nurse Teacher Continuing Education Given an Overall Rating as Probable By 70% or More of the Sample with Their Respective Desirability (QN2)

CHANGE	PROBABILITY (%)	DESIRABILITY (%)
There will be college based strategies for nurse teacher continuing education	82.7	78.8

The other changes, such as nurse teachers ceasing to study for degrees in education and nurse teachers spending a specified period updating their clinical expertise through working in the clinical area, were seen as improbable (in that they were assessed as being probable by less than 70% of the sample) (Table 66).

Table 66: Changes in Nurse Teacher Continuing Education Given an Overall Rating as Probable By Less Than 70% of the Sample with Their Respective Desirability (QN2)

CHANGE	PROBABILITY (%)	DESIRABILITY (%)
Nurse teachers will cease to study for first degrees in education	64.2	49.9
There will be reduced opportunities for nurse teachers to undertake continuing education courses	61.7	6.5
Nurse teachers will spend a specified period of time updating their clinical expertise by working as a clinical nurse	59.5	90.3
Nurse teachers will cease to study for higher degrees in education	49.1	38.3
Individually tailored career/professional development advice will be available for nurse teachers within Colleges	48.1	95.4

Chi-square statistical tests were used to investigate whether there were any differences in the assessment of the probability of teachers spending a specified period of time updating their clinical expertise by working as a clinical nurse according to whether or not the teachers possessed a higher degree (taught Masters). The data suggests that those teachers who possessed a Master's degree (taught) more frequently regarded it as probable that teachers will spend a specified period of time updating their clinical expertise by working as a clinical nurse (Chi square = 5.02 with Yates Correction; df = 1; p = .03; phi = .16; n = 233) (Appendix 5, Table 8). However, the value of phi suggests that although this association is statistically significant, there is only a weak relationship between the variables and it is thus unlikely to explain much of the variation between the two groups of teachers.

No statistically significant relationships were found between this variable (clinical updating) and the key variables of sample group (nurse teacher, clinical nurse etc) (Chi square = 9.84; df = 5; p = .08; Cramer's V = .17 ; n = 343) or the length of time in nurse education

(Chi square = 2.63 with Yates Correction; df = 1; p = .12; phi = .16; n = 233). (Appendix 5, Tables 9 and 10).

The provision within Colleges of individually tailored professional development advice for nurse teachers was seen as being improbable. No statistically significant relationships were found between this variable (individualised development advice) and the key variables of stage of Project 2000 course (Chi square = 3.36; df = 2; p = .19; Cramer's V = .11 ; n = 276); length of time in nurse education (Chi square = 1.09 with Yates Correction; df = 1; p = .30; phi = .08; n = 232) or teachers having degree status (Chi square = .02 with Yates Correction; df = 1; p = .90; phi = .02; n = 234). (Appendix 5, Tables 11, 12, and 13).

The Desirable Changes in Nurse Teacher Continuing Education

The availability of individually tailored career/professional development advice for nurse teachers within Colleges was rated as being highly desirable (95.4% n = 346) although, as previously noted improbable (48.1% n = 339) (Table 67). Nurse teachers spending a specified period updating their clinical expertise through working in the clinical area was similarly seen as highly desirable (90.3% n = 349) but improbable (59.5% n = 343).

Table 67: Changes in the Nurse Teacher Continuing Education Given an Overall Rating as Desirable By 70% or More of the Sample with Their Respective Probability (QN2)

CHANGE	DESIRABILITY (%)	PROBABILITY (%)
Individually tailored career/professional development advice will be available for nurse teachers within Colleges	95.4	48.1
Nurse teachers will spend a specified period of time updating their clinical expertise by working as a clinical nurse	90.3	59.5
There will be college based strategies for nurse teacher continuing education	78.8	82.7

While it was seen as both improbable and undesirable for nurse teachers to cease studying for degrees in education (Table 68), there appears to be some division of opinion on this issue (particularly on the probability of teachers ceasing to study for higher degrees in education and the desirability of teachers ceasing to study for first degrees in education).

Table 68: Changes in the Nurse Teacher Continuing Education Given an Overall Rating as Desirable By Less Than 70% of the Sample with Their Respective Probability (QN2)

CHANGE	DESIRABILITY (%)	PROBABILITY (%)
Nurse teachers will cease to study for first degrees in education	49.9	64.2
Nurse teachers will cease to study for higher degrees in education	38.3	49.9
There will be reduced opportunities for nurse teachers to undertake continuing education courses	6.5	61.7

SUMMARY

- Project 2000 and the formation of links with higher education has both precipitated and provided the opportunities for nurse teacher development.

- College based strategies for teacher development were seen as being the only probable change to occur in nurse teacher continuing education. However there is some evidence to suggest that if organisational strategies for teacher development exist they may conflict with the needs of the individual teacher. The future provision of individually tailored professional development advice was seen as being improbable (though highly desirable).

- There is confusion among teachers concerning which appropriate subject areas to study for a degree. This confusion may have been increased by Colleges changing their priorities in order to rectify organisational skill deficits.

- Individually tailored development advice is perceived as highly desirable but improbable.

- Teachers are experiencing problems both in obtaining sufficient study time and having a reduction in workload while on a course.

- All continuing education components identified in earlier stages of the study are viewed as being important for nurse teachers, with research methods/skills, coping with change and information technology being viewed as the three most important areas. Obtaining a higher degree is increasingly being seen as an important educational need for teachers.

- Teachers report having difficulties in updating their clinical experience because of insufficient time.

- It is viewed as improbable that nurse teachers will spend a specified period of time updating their clinical expertise by working as a clinical nurse (though this is regarded as being highly desirable).

DISCUSSION

The years following the publication of Project 2000 in 1986 have been an unprecedented time of activity regarding the academic development of teachers, in particular with respect to the acquisition of degree status. While the original Project 2000 document (UKCC, 1986) advocated that nurse teachers should have a degree-level qualification in teaching, nurse teachers were injected with a real sense of urgency by the Department of Health's Strategy for Nursing (DOH, 1989a) which in a post-publication seminar set the target that all teachers should have graduate status by 1995. This target was adopted by many Colleges of nursing and there is evidence from this study, and others (Payne et al, 1991), that teachers felt under considerable pressure to obtain a degree as quickly as possible. In particular, many teachers who commenced studies for degrees might not have done so without this pressure.

It appears that Colleges are moving towards organisational strategies for teacher development. However, questions were raised by respondents concerning the potential for conflict between the needs of the organisation and those of the individual teacher. While it is inevitable that the organisational strategy will prevail, there needs to be acknowledgement of this conflict and the opportunity for negotiation to occur (Larcombe and Maggs, 1991).

The data suggests that existing college strategies may be neither sufficiently forward thinking, nor sufficiently explicit. In particular, there appears to be a tendency for strategies to be reactive rather than proactive. There is confusion among teachers concerning which subject areas are appropriate for degree study. This confusion may have been exacerbated by Colleges changing their priorities in order to rectify organisational skill deficits. Larcombe and Maggs (1991) recommend that systems should be in place to identify individual's continuing professional educational needs and that they should be visible, accountable, and should identify needs that contribute to planned career development. The importance of the clear identification of responsibilities and accountability was also highlighted by the DOH (DOH, 1994).

Respondents in this study regarded it as unlikely that individually tailored professional development advice would be available to teachers. This finding is disturbing in the light of recent reports which propose that a fundamental principle of professional education is the identification of the needs and opportunities for professional development through systems of appraisal, development and performance review (DOH 1994; Larcombe and Maggs, 1991).

Teachers were found to be experiencing problems obtaining both sufficient study time and a reduction in workload while on a course. As noted previously recent years have seen an unprecedented rise in the amount of teacher development occurring, with a large proportion of college staff being involved in courses in order to obtain graduate status. However, this is self-limiting in nature and the excessive demands on Colleges for both financial support and study time seems likely to reduce in the near future.

It is apparent that Project 2000 has acted as a catalyst for the increased degree status of nurse teachers. As the numbers of teachers with first degrees increase the acquisition of higher degrees is now becoming to be seen as important. There is a need to learn from the problems identified in this research for teachers undertaking Bachelor's degrees, in particular: the balance between organisational and individual needs; the provision of clear guidelines on 'appropriate' subject areas; the requirements for study time in addition to course attendance; and the relationship of degree studies to the teachers' clinical role. This research discovered that as yet, very few nurse teachers have research degrees. There is obviously a need to consider the need for teachers to study for such degrees in the light of the higher education ethos and the priority placed upon such degrees in terms of academic credibility.

There appears to be a divergence of views over the place of nursing degrees within the continuing education of nurse teachers. The evidence presented in chapter three suggests that few teachers have degrees in nursing and that only a small proportion are studying for such degrees. While some Colleges may view nursing degrees as important, there was evidence that some institutions and teachers view these degrees as inappropriate and irrelevant. The

value placed on nursing degrees would appear to reflect the general view of nursing as an academic subject area - an issue discussed in chapter four. It could be argued that as nurse teachers are teaching nursing at diploma level then their own level of knowledge of nursing should be at least at first degree level. The recent report on nurse teacher preparation published by the RCN (1993) also emphasised the importance of teachers having nursing degrees.

This study found that it is viewed as improbable that nurse teachers will spend a specified period of time updating their clinical expertise by working as a clinical nurse (though this is regarded as being highly desirable). The Project 2000 document (1986) had stated that nurse teachers need to have an up-to-date understanding of care settings and that they should spend periods in practice. The recommendation that teachers should be clinically credible has been asserted by two major nursing policy documents - The Strategy for Nursing (DOH, 1989a) and PREPP (UKCC, 1994) as the following extracts illustrate.

> *"Future teachers must be able to demonstrate, at an advanced level, a knowledge of the theory and practice of nursing or midwifery. They must be qualified or clinically credible in the area of practice they teach and hold a recognised teaching qualification".* (DOH, 1989a p.38)

> *"Those who are educating the practitioners ..... must themselves be both clinically credible and knowledgeable about contemporary practice ....Teachers must possess and maintain relevant and up to date clinical experience"* (UKCC, 1994 p.27)

However, these documents do not define what they mean by clinical credibility or possible strategies to promote this in practice. In fact the notion of clinical credibility seems to be nebulous and problematic to define. While the term implies more than simply carrying out supportive visits to students, it is unclear if at the other extreme it means that nurse teachers should be expert practitioners. Crotty (1993) reports that while teachers felt that the

maintenance of clinical credibility was important this was often seen in terms of theoretical up-dating and the maintenance of basic skills rather than being an expert, and active, practitioner.

'Credible' means literally worthy of belief, or believable. But in the context of the clinical credibility of nurse teachers it is not clear who is making this judgement of whether or not teachers are credible. Is it clinical nurses, students, peers or other groups? As Gerrish (1992) notes, there is no general consensus of opinion as to what clinical credibility means in relation to nurse teachers. Often she notes it simply implies the ability to practice as a first level nurse and hence she proposes the UKCC competencies as a guideline for the level of ability to be achieved.

Despite policy recommendations in the 1970s (DHSS, 1970; 1972) that nurse teachers should develop their clinical role, research conducted in the years that followed suggested that this did not occur (Alexander, 1982; Jones, 1985). This study found that lack of time was a major impediment to nurse teachers updating clinically - a factor noted in studies conducted before Project 2000 implementation. Indeed, it could be argued that if nurse teachers were unable to establish a clinical role before Project 2000, then they are unlikely to be able to do this post-Project 2000, when they have an increased workload and additional demands on them. In fact there is evidence from this study and others that the multiple and competing demands upon teacher's time has further reduced their clinical role (Baillie 1994; Clifford, 1992; Robinson, 1991; White et al, 1993;).

It has been suggested that teachers themselves give clinical contact a low priority and tend to construct plausible logical barriers in order to justify their inactivity in this area (Jones, 1985). Indeed in this study it was apparent that some nurse teachers gave clinical contact a low priority in respect to other areas. However, as this research and others (Baillie, 1994) have found the value the college places on the teacher's clinical role and credibility can be an important factor in providing opportunities for clinical updating. Acton et al (1992) propose that Colleges have consistently failed to make sufficient allowances in workload for

the nurse teachers' clinical role yet have made available study days for graduate studies, thus again emphasising the value of academic credibility over clinical credibility.

There also appears to be a conflict between clinical and academic credibility. In particular, nurse teachers are caught between the professional bodies emphasis on clinical credibility and the ethos of the higher education institution which values academic credibility. Teachers are now facing a professional versus academic dichotomy (Mauksch and Styles, 1982).

> "Professionals in academia find themselves not quite like either the purist or the practitioner, and are often attacked for their inadequacies from both sides" (Mauksch and Styles, 1982)

While nurse teachers have concentrated on their academic development since Project 2000 their clinical development would appear to have been neglected. In higher education while there may be rewards for research activity there are few for clinical work as noted by Wong and Wong (1987) who suggest that scholarly productivity carries with it more credits for promotion than teaching activities, particularly clinical teaching. Research conducted in North America has indicated that the more time nurse teachers spend in clinical teaching the fewer papers they publish (Ostome, 1986). Thus, there is a perception that clinical teaching has a negative effect on career development in higher education. Hence clinical development will need to be given the same emphasis as academic development if it is to be given a higher priority by both teachers and the educational institutions.

The question that remains unanswered is whether or not it is feasible for teachers to be clinically credible and doubts have been expressed concerning the possibility of this in the nursing press (Acton et al, 1992; Burnard, 1992). It may in fact be unwise for all nurse teachers to attempt to take on the three roles of teacher, researcher, and clinician. It is expecting a great deal of individuals to be experts in all areas and to cope with the potential role conflicts and the difficulties associated in fulfilling several role obligations, each of which may have conflicting and competing expectations.

Thus, while the general policy is that nurse teachers should have clinical credibility, it appears that they currently have a minimal clinical role which has remained constant or, in some cases worsened, with the advent of Project 2000. Previously the impact of various policy recommendations on the teacher's clinical role has been negligible and there is a danger of this recurring unless there is a clear definition of clinical credibility in relation to nurse teachers and what their role should be in the clinical area. Chapter four has outlined the benefits of teachers having a role in clinical area in terms of linking theory to practice for students. If all nurse teachers are to be clinically credible then effort has to be urgently concentrated on removing the obstacles to teacher's developing clinically and this area becoming an important part of college staff development strategies.

CHAPTER SEVEN

THE CHANGES IN THE NURSE TEACHERS ROLE RESULTING FROM THE AMALGAMATION OF COLLEGES OF NURSING/MIDWIFERY AND THE FORMATION OF LINKS WITH INSTITUTIONS OF HIGHER EDUCATION

THE CHANGES IN THE NURSE TEACHERS ROLE RESULTING FROM THE AMALGAMATION OF COLLEGES OF NURSING/MIDWIFERY AND THE FORMATION OF LINKS WITH INSTITUTIONS OF HIGHER EDUCATION

This chapter describes the changes in the role of the nurse teacher arising from the amalgamation of Colleges of nursing/midwifery and links with higher education. In addition the impact of the changes on the education of Project 2000 students is explored. Chapters four to six have also presented findings relating to the impact of the formation of links on the nurse teachers role. This data is not presented again in this particular chapter.

The Amalgamation of Colleges of Nursing/Midwifery

The majority (n=239, 76.4%) of the sample had experienced the amalgamation of their college of nursing/midwifery with another college within the last six years (Table 22). It would appear from the telephone interviews, conducted in 1994, that nurse teachers are still experiencing amalgamations, with the majority (n=25, 69.4%) of respondents stating that their College had been involved in an amalgamation during the last two years. Only 30.6% (11) of respondents reported no amalgamations.

When nurse teachers were asked in the initial questionnaire to comment on the effects of amalgamation on their role, among the most cited effects were those of increased diversity of teaching (n=50, 33.6%) and the increased travelling involved in multi-site teaching (n=47, 31.5%) (Table 69).

Table 69: The Effects of the Amalgamation of Colleges on the Role of the Nurse Teacher (n=149) (QN1)

EFFECT (Identified by 10% or more)	NUMBER	%
Increased diversity of teaching role	50	33.6
Multi-site teaching/increased travelling	47	31.5
Promotion within the organisation	30	20.1
Adjusting to a new organisation	24	16.1

The final questionnaire, however, once again highlighted the issue of travelling for nurse teachers, with 92.9% (351) of the sample seeing it as probable that an increased proportion of the nurse teacher's time will be spent travelling between teaching sites. This was not seen as a desirable change (Table 70). It is also noteworthy that it was seen as probable that there would be less opportunities for career progression as a result of the amalgamation of Colleges (Table 70). It is interesting to note that at the time of questionnaire one approximately 20% of the sample thought that amalgamation could lead to promotion within the organisation (Table 69). With nurse teachers having experienced the reality of working within amalgamated Colleges for some time, it may be that the expected promotional prospects have not materialised.

Table 70: Changes in the Role of the Nurse Teacher Relating to the Formation of Links with Higher Education and Amalgamation of Colleges Given an Overall Rating as Probable By 70% or More of the Sample with The Respective Desirability of the Response (QN2)

ROLE CHANGE	PROBABILITY (%)	DESIRABILITY (%)
An increased proportion of the nurse teacher's time will be spent travelling between teaching sites	92.9	6.8
Nurse teachers will have less opportunities for promotion as a result of the amalgamation of Colleges of nursing/midwifery	91.8	12.6
Linking with higher education will lead to redundancies amongst nurse teachers	90.3	6.4
All nurse education will be located within institutions of higher education	89.0	55.4
Linking with higher education will give nurse teachers access to increased expertise	85.5	96.9
There will be a move towards college based teaching being based upon on one central site	83.8	63.6
Conjoint validation will continue to be the preferred method of validating nursing courses	82.0	77.9
Linking with higher education will give nurse teachers access to improved resources	79.1	96.0
Linking with higher education will give nurse teachers increased academic status	76.4	95.2
Full relocation into higher education will lead to less favourable terms and conditions of service for nurse teachers	75.3	4.2

The telephone interviews gave some indication as to whether there were concerns over redundancies with regard to amalgamation of Colleges of nursing/midwifery. It appears that for nurse teachers, levels of satisfaction with job security is not linked to a recent experience of amalgamation. When results regarding the levels of satisfaction nurse teachers had with job security were cross-tabulated with recent amalgamation of their college, it showed that whether nurse teachers had recent experience or not of amalgamation, the majority were dissatisfied with their job security (Table 71).

Table 71: Cross-tabulation of Experience of Recent Amalgamation with Level of Satisfaction with Job Security in Present Post (TI) (Nurse Teachers) (n=36)

EXPERIENCE OF RECENT AMALGAMATION	LEVEL OF SATISFACTION WITH JOB SECURITY							
	VERY MUCH DISSATIS-FACTION	MUCH DISSATIS-FACTION	SOME DISSATIS-FACTION	SOME SATIS-FACTION	MUCH SATIS-FACTION	VERY MUCH SATIS-FACTION	TOTAL	%
Yes	8	7	7	2	1	-	25	69.4
No	2	2	5	1	-	1	11	30.6
Total	10	9	12	3	1	1	36	100

The Formation of Links with Higher Education

Almost a third of the sample stated that their college of nursing/midwifery had formed links with only one higher education institution. It is interesting to note, however that 36% (n=109) of the Colleges had formed links with two or more higher education institutions (Appendix 2, Table 14).

Full Relocation within Higher Education

With regard to the nature of these links, 25.5% (n=75) of the Colleges had fully relocated into the higher education institution (Table 21). Results from the final questionnaire indicate that relocations of Colleges of nursing/midwifery will continue, with 89% (n = 353) of the sample seeing it as probable that all nurse education will be located within institutions of higher education within the next 5 years (Table 70). It should be noted, however, that full relocation into higher education is not seen as a desirable change (55.4%, n = 354) (Table 70). One indication of the reason why many, (75.3%, n = 332), may not see this as desirable lies in the view that it is seen as probable that full relocation into higher education will lead to less favourable terms and conditions of service for nurse teachers (Table 70).

A statistically significant relationship was found between degree status and the desirability of all nurse education being based within higher education. Those teachers who had been awarded a degree were found to more frequently regard it as desirable that all nurse education should be based within higher education (Chi square = 14.94 with Yates Correction; df = 1; p = .0001; phi = .26; n = 236) (Appendix 6, Table 1). Where the relationship formed between the college of nursing and the higher education institution for the Project 2000 course was one of full relocation, respondents more frequently viewed it as desirable that all nurse education should be based within higher education significant. (Chi square = 6.91 with Yates Correction; df = 1; p = .009; phi = .18; n = 242) (Appendix 6, Table 2). However, the values for phi again suggest that while these associations are statistically significant, the actual strength of these relationships are relatively weak and hence unlikely to explain much of the variation between the groups.

One of the most probable (90.3% n = 339) changes identified by the sample resulting from linking with higher education was the possibility of job redundancies amongst nurse teachers and, not surprisingly, this was seen as being undesirable (6.4%) (Table 70).

At the case study site teachers were given the choice of changing to a higher education contract or continuing with a health service contract when the college fully relocated into the higher education institution. The tendency was for only those teachers on fixed term contracts and some of the younger teachers to change over to higher education contracts, leaving a sizeable proportion of the teaching staff still with health service contracts. It was reported that while the higher education contracts had offered equivalent salaries to nurse teachers, those individuals who were long serving employees within the health service would receive poorer redundancy terms and pensions if they changed contracts. Some nurse teachers were concerned over the negotiation process, commenting that it had been rushed and pressure had been placed on some nurse teachers to change to higher education contracts. The teachers were unsure of the future implications of having two different employment contracts in operation within the college. One nurse teacher commented,

> *"I think it will create a 'them and us' situation. It could be divisive".*
> (CSI: 029)

The terms and conditions of these new higher education contracts were not reported to be the same as those for the other higher education lecturers in terms of the number of holidays, working hours and student-teacher contact time. The nurse teachers were disappointed that they had not been given, as they saw it, equal status.

> *"I didn't want nurse teachers to be the enrolled nurses of higher education. I'm sad that that has happened".* (CSI: 048)

"It's rigid here, it's quite an autocratic organisation. It's an 8.30 start and a 4.30 finish ..... it's sad that we haven't been able to take on the ethos of higher education and allowed some of the flexibility". (CSI: 036)

A major concern for nurse teachers at the case study site in the early stages of Project 2000 was the possibility that a full relocation of the college within the higher education institution might result in a distancing of nurse education from clinical practice areas.

"I feel it would be a detrimental step to relocate fully in the higher education institution. Strong links are needed with clinical areas to maintain credibility and communications". (CSQN)

"I feel that such a move would take us further away from clinical areas and increase communication difficulties. It would lead to the loss of the clinical credibility we already have". (CSQN)

"I have fears of an increasing distancing from clinical practice which will create a theory-practice dichotomy". (CSQN)

This concern did not re-emerge in the interviews which was perhaps because following relocation the college remained on the same hospital site and did not relocate to the higher education campus. This however, led to the teachers not feeling integrated within higher education.

"We've stayed in the same desks in the same building. It's just been a paper exercise really, only the admin has changed". (CSI: 029)

"We're not based at Z (the higher education institution) and when we are at Z we're in a separate block. There isn't much mutual integration really". (CSI: 036)

"It's not been welcome, come and join us. That's not the impression we've been given. We work very much by ourselves but under their jurisdiction
(CSI: 004)

Academic Status

Questionnaire one asked nurse teachers and specialist nurse teachers to identify the main personal benefits of the formation of links with higher education. These were identified as having access to enhanced resources and expertise (n=75, 25.3%), increased academic status and credibility (n=47, 15.8%), the creation of personal and professional development opportunities (n=37, 12.5%) and contact with higher education lecturers (n=30, 10.1%) (Table 72). These findings are also consistent with those from the case study site (Appendix 6, Table 3).

Table 72: The Main Benefit of Forming Links with Higher Education for Nurse Teachers and Specialist Nurse Teachers (QN1) (n=297)

BENEFIT (Identified by 10% or more)	NUMBER	%
Access to Enhanced Resources/Expertise	75	25.3
Increased Academic Status/Credibility	47	15.8
Personal and Professional Development Opportunities	37	12.5
Contact with Higher Education Lecturers	30	10.1

It can be seen from Table 73 that the more desirable changes identified in the final questionnaire relate closely to the responses in Table 72. Over 95% of the sample identify that linking with higher education will give nurse teachers increased academic status, and provide access to increased expertise, improved resources, and increased professional development opportunities (Table 73). The probability of these changes occurring are seen

as high with the exception of increased professional development opportunities which only 69.3% (n = 349) of the sample identify as probable.

Table 73: Changes in the Role of the Nurse Teacher Relating to the Formation of Links with Higher Education and Amalgamation of Colleges Given an Overall Rating as Desirable By 70% or More of the Sample with The Respective Probability of the Response (QN2)

ROLE CHANGE	DESIRABILITY (%)	PROBABILITY (%)
Nurse teachers will be regarded as having equal academic status to other higher education lecturers	96.9	46.9
Linking with higher education will give nurse teachers access to increased expertise	96.9	85.5
Increased professional development opportunities will be provided as a result of linking with higher education	96.3	69.3
Linking with higher education will give nurse teachers access to improved resources	96.0	79.1
Linking with higher education will give nurse teachers increased academic status	95.2	76.4
Linking with higher education will lead to enhanced promotional prospects for nurse teachers	81.3	22.1
Conjoint validation will continue to be the preferred method of validating nursing courses	77.9	82.0

Although it is seen as probable (76.4%, n = 352) that linking with higher education will increase the academic status of teachers, it is not seen as probable (46.9%, n = 352) that they will have equal academic status to higher education lecturers (Table 73). Having equal academic status, however, is seen to be one of the most desirable (96.9%, n = 352) changes identified in the final questionnaire (Table 73).

Statistically significant relationships were discovered between the probability of nurse teachers being regarded as having equal academic status to higher education lecturers and both the year and stage of the Project 2000 course. Sample members whose institutions had

commenced Project 2000 in 1989 or 1990 were found to more frequently view it as probable that nurse teachers will be regarded as having equal academic status to higher education lecturers than those individuals who had commenced Project 2000 in 1991-1993 (Chi square = 4.42 with Yates Correction; df = 1; p=.04; phi = .13; n = 280) (Appendix 6, Table 4). Those individuals whose institutions were at the branch stage of Project 2000 were found to more frequently assess it as improbable that nurse teachers will be regarded as having equal academic status to higher education lecturers, while those individuals where one or more cohorts had completed the Project 2000 course rated this change as probable (Chi square = 7.47 with Yates Correction; df = 2; p = .02; phi = .16; n = 287) (Appendix 6, Table 5). However, the values for phi in these statistical tests suggest that although the associations are statistically significant, they are relatively weak and are unlikely to explain much of the variation between the sub-sample groups.

At the case study site although the nurse teachers generally reported that there existed good working relationships with the lecturers from the higher education institution with whom they had direct contact, a number expressed concerns regarding their perceived lack of academic status in the eyes of higher education.

> *"My ability wasn't to their liking as I didn't have a degree".* (CSI: 043)

> *"There's been a bit of we're higher education so we know what we're talking about. They don't give us the benefit of our expertise and we're not given any credit for our clinical skills".* (CSI: 029)

> *"You're really well liked if you've got a degree already, you're one of them. If you haven't then you're nothing".* (CSI: 004)

Some nurse teachers were beginning to recognise their abilities and as a result gain in confidence.

A common complaint related to the position and type of building that had been provided for the college of nursing at the higher education campus. It was a source of irritation for the teachers and was seen as a reflection of nursing's status.

> *"We're like second class citizens stuck in these prefabs ..... they're almost like caravans ..... we thought that it reflected our lack of importance."* (CSI: 048)

> *"Just go and look where they've sited the college of nursing. Having worked in venereology and worked on the aspect of where do we site our VD clinic. They're in the basements, round the back, hidden from view. I think that HE have done the same with the nursing block".* (CSI: 054)

This led nurse teachers to frequently describe the college as being "out of sight", "out on a limb", "on the periphery".

Results from the telephone interviews support these findings with the majority (88.9%, n=48) stating that nurse teachers are not regarded as having equal academic status to other higher education lecturers. It would appear that linking with higher education has raised concerns for nurse teachers with regard to their future academic credibility. These issues have been addressed in chapter four.

The Effect of Amalgamation and Links on the Education of Project 2000 Students

It would appear that the amalgamation of schools and Colleges of nursing/midwifery alongside the introduction of Project 2000 has produced conflict for nurse teachers in the delivery of the curriculum. Many of the participants in the focus group interviews stressed the underlying philosophy of Project 2000 as being student-centred, the encouragement of self-directed learning and adult approaches to education. It seemed, however, that the rapid change from small student cohorts to those of sometimes over 100 students, has left nurse

teachers struggling to try to implement the curriculum from the philosophical base on which the Project 2000 course was validated, one teacher commented that,

> *"...all we do is pile them high, and teach them cheap."* (FGI)

Most teachers had felt unprepared to teach large groups of students and commented that there had not been time to explore the possible alternative teaching strategies other than lecture format. Some nurse teachers were frustrated because their role had become less and less student-centred.

> *"You can't really do anything other than tell them how it is. An interactive style is almost impossible and I find that in my time of life it is quite difficult to make that shift."* (FGI)

It was also seen as probable (74.5%, n = 345) that the move into higher education would lead to nurse teachers no longer being able to use the range of teaching skills they possess and value (e.g. small group teaching) (Table 45).

Lecturers from higher education (link lecturers and teacher educationalists) within the focus group interviews did comment that it was possible to teach in other ways to large groups besides lecture format.

> *"...higher education has been dealing with ballooning numbers and we are beginning to come to terms with it...you can teach in other ways to large groups besides chalk and talk..."* (FGI)

It was felt, however, that due to the speed of links being formed and the implementation of Project 2000, there had been little time for planning,

"I think in part it was the shortness of the time from inception to running P2000, certainly in our institution it was a very, very short time and I don't think nurse teachers and higher education have had a chance to sit down and actually plan things." (FGI)

The size of student groups had also led to a change in the type of relationship which nurse teachers had with individual students. Most teachers found difficulty in maintaining the close relationships whereby they knew students very well.

"...I have got to amend my teaching style because I have been used to relatively intermittent groups of 15, 25, 30, whereby I could have a relationship with people in that group. Most of the time I actually knew their names, their husbands, their likes, dislikes...my experience being involved in teaching the Project 2000 students to date is there are 88 of them in a big tiered lecture theatre and I do not know these people from Adam." (FGI)

The final questionnaire had identified that although it was desirable (94.8%, n = 349) that nurse teachers would have increased contact with students through their developing personal tutor role, this was not seen as a probable future change (52.3%, n = 346) (Appendix 6, Table 6). This change in relationship was not restricted to teachers, and one manager commented that,

"...having the college spread over three sites, miles apart, means that I have had little contact with the Project 2000 students and the nurse teachers." (FGI)

Although one of the aims of Project 2000 was a closer integration of nursing students with other students in higher education, this had not been fully realised in many Colleges in which the participants in the focus group interviews worked or with which they had links. One nurse teacher felt strongly that this integration had never occurred.

"...our students never see those people (other students)". (FGI)

This was also noted by the teachers at the case study site as the students on their Project 2000 course only spend the first 16 weeks at the higher education institution.

> *"The idea of integration within Z (the higher education institution) is just a joke. I don't know why they have the first 16 weeks up there apart from the building is up there. I thought the whole notion of Project 2000 was that the students would mix with other students ..... they don't mix with them socially, they don't live in the same halls of residences, they don't attend the same lectures."* (CSI: 05)

> *"In the first 16 weeks we socialise them into Z (the higher education Institution) and then they have the culture shock of coming down here for the rest of the course. We've often said that if they could do us under the Sale of Goods Act they probably would".* (CSI: 037)

Many of the problems were seen therefore, to stem from the actual size of amalgamated Colleges, with large numbers of students leading to difficulties in both forming student-teacher relationships and in creating meaningful links with higher education.

SUMMARY

- As a result of amalgamation, it is seen as probable that an increased proportion of the nurse teachers time will be spent travelling between teaching sites.

- It is seen as probable that there will be fewer opportunities for promotion as a result of the amalgamation of Colleges. It is also seen as probable that linking with higher education will lead to redundancies amongst nurse teachers.

- There is likely to be a continued increase in the number of Colleges of nursing/midwifery which fully relocate into higher education institutions. This is not seen as a desirable change.

- Full relocation of the Colleges of nursing/midwifery into higher education is seen to lead to less favourable terms and conditions of service for nurse teachers.

- One of the most probable changes resulting from linking with higher education is the access to enhanced resources and expertise.

- Although it is seen as probable that linking with higher education will increase the academic status of nurse teachers, it is not seen as probable that it will lead to teachers achieving equal academic status with higher education lecturers.

- The larger student groups which have been a consequence of amalgamation have led to teachers stating that they have to predominately lecture to large groups rather than being able to use the smaller group methods they value and in which they have expertise.

- Larger student groups meant that nurse teachers considered they had limited opportunities to develop their personal tutor role.

- Nurse teachers perceive that Project 2000 students may be receiving a limited experience of higher education.

DISCUSSION

The amalgamations of Colleges of nursing/midwifery and the development of links with institutions of higher education have for many teachers been changes which have occurred simultaneously within their professional lives. It is not surprising that some teachers find difficulty in attributing the effects on their role to either one or other of these structural changes. The larger institutions which have been formed as a result of amalgamations, however, have raised some practical issues for nurse teachers, not least of which appear to be the time which is spent travelling between buildings on a multi-site campus which can be spread over many miles within a region. Geographical constraints of this nature have been reported in other studies (Robinson, 1991; Jowett et al, 1994) and it appears that the respondents in this study are no different in this respect.

This raises the question of the potential difficulties for nurse teachers in constructing a corporate image and identity for the college, and indeed the ways in which those users of the service i.e. Project 2000 students, view the education which is on offer. The larger student groups with which nurse teachers in this study state they have responsibility, have resulted in the sample seeing limited opportunities to maintain and develop the personal tutor role and this begs questions with regard to the quality of support and belonging that nursing students feel within the college. In Balogh & Beattie's work (1991) which explored quality in nurse training institutions one of the main quality measures identified by respondents was the ethos of the college and what it feels like to be part of the institution. It would appear that the amalgamation of Colleges into larger institutions will pose difficulties and challenges for college staff in developing an environment with which students can identify.

The value to students of a close relationship with nurse teachers in a personal tutor role could, however, be challenged. It would appear from previous research (French, 1992) that nurse teachers are not generally viewed by nursing students as the influential figures which teachers believe themselves to be and students can have limited expectations of what the role should provide (Jowett et al, 1994). It has been suggested that the personal tutor role is a

valuable one and worthy of being promoted within Colleges (Phillips, 1994). But comments have also been made that the role is a very demanding one, and students should be encouraged take more personal responsibility and use their personal tutor only as a last resort (Hardiman, 1993). It would seem timely that in the quest for greater effectiveness and efficiency which is now required in nursing education (DoH, 1994), nurse teachers need to review the role of personal tutor and consider setting standards which more realistically provide for the academic and clinical support which students require. This could be balanced with a more coherent strategy for pastoral support which may be provided by nurse teachers, but alternatively could involve separate independent provision by the college, for example, a student counselling service.

Concern was expressed in the early days of the implementation of Project 2000 that the management of large classes was an issue for both the higher education sector and Colleges of nursing/midwifery (DES, 1989) and calls were made for nurse teachers to "use new and innovative teaching methods" (Field, 1989). The sample in this study stated that one of the changes which has resulted from amalgamation is the growing trend towards large group lectures as the main teaching approach. It would appear that nurse teachers need to explore alternative ways of teaching the larger student groups rather than by lecture. Some non-nurse higher education lecturers in the sample felt that because of their longer experience in teaching large groups, they had found more creative ways of approaching the education process. This supports findings from other research which has highlighted the need for broadening the "how to teach" aspects of mixed-ability large groups within nursing education (University of Hull, 1994) using models already in-built within the professions allied to medicine. A valuable way forward, therefore, would seem to be in finding ways whereby a closer collaboration can take place between lecturers in higher education and nurse teachers. Some of the models outlined in the DES (1991) survey of collaboration between higher education and Colleges of nursing/midwifery, could be helpful in this respect e.g. joint workshops and strategic staff development programmes.

The ability of nurse teachers to mix and share ideas with non-nurse colleagues in higher education was seen by the sample to be one of the most probable changes as a result of linking with higher education. The fact that the speed of implementation of Project 2000 has perhaps compromised the opportunity for this consultation process, should in no way detract from nurse teachers moving forward, now and in the future, to a more fruitful and mutually beneficial relationship with other lecturers in higher education. It has been pointed out, however, that merely "linking" with higher education and not becoming "part of" it could be a compromise in itself (Akinsanya, 1990). It could then be seen as disappointing that the findings of this study highlight the sample's view on the undesirability of a continued increase in the number of Colleges of nursing/midwifery which fully relocate into the higher education sector. This undesirability, however, is more likely to be linked to the concern that the sample has expressed over terms and conditions of service for nurse teachers if full relocation occurs, rather than in the teachers' reluctance to relocate per se. Worries regarding terms and conditions of service appear not to have materialised for the nurse teachers in other studies and satisfactory arrangements appear to have prevailed when relocation occurred (Jowett, 1994).

The sample also had concern that there would be fewer opportunities for promotion as a result of amalgamation of Colleges, it would appear that many of the nurse teachers in this study were experiencing high levels of insecurity in their jobs. From the analysis using inferential statistics it appears that teachers who possess a degree more frequently view it as desirable that nurse education will be based within higher education than those without a degree. It may be that possession of a degree provides both first hand experience of higher education and increases the teacher's confidence about such a change. Sample members whose institutions were fully relocated within higher education were also found to more frequently regard the integration of nurse education within higher education as being desirable. A possible explanation for this finding is that their own experience of this relationship with higher education leads them to consider that this is a desirable change for all nurse education institutions.

The issue of academic status of nurse teachers vis a vis their counterparts in higher education poses a dilemma for the sample. Although it is felt that linking with higher education will increase the academic status of nurse teachers, it is not seen as probable that they will have equal academic status to higher education lecturers. One explanation of this could be that nurse teachers are aware of the broader responsibilities of lecturers within higher education which include the requirement to conduct research and to publish. Sample members whose Project 2000 courses were well developed (i.e the courses had commenced in 1989/90 or who had had cohorts completing the course) were more likely to consider it probable that nurse teachers would have equal academic status.

Although a fuller discussion of academic status and credibility was included in chapter four, it is valuable to reinforce certain points here. It is vital that discussion takes place with regard to the position of nurse teachers in higher education as the requirement to be a "jack of all trades" may predominate with the consequence that excellence will not prevail in either teaching, research or practice. The competing responsibilities of the teaching of theory and practice of nursing, facilitating the development of clinical skills in Project 2000 students, the ongoing pressure for higher degree status, plus the added responsibility to conduct research and publish may well be an unrealistic goals to expect of every nurse teacher.

CHAPTER EIGHT

CONCLUSIONS

CONCLUSIONS

It is often tempting in discussions relating to nursing education to forget that the prime purpose of educational research is to improve the quality and efficiency of educational programmes and the people who provide them. A recent Department of Health (1994) document outlining a statement of strategic intent serves to remind us that,

> *"Effective education and training is the bedrock of professional practice which aims to provide the highest standards of care for patients and clients, their families and the wider community." (DoH, 1994. p3)*

Ensuring the highest quality education for pre-registration nursing students is one of the main ways in which the quality of care which is provided to patients and clients can be maintained and improved. It follows that those who are involved in the education of student nurses should themselves be prepared to the highest standards for all aspects of their role.

Respondents from this study were, in the final round of the Delphi survey asked within a five year time frame to indicate which changes in nursing were probable, desirable and where appropriate important. It has been seen from the findings relating to the future role of nurse teachers that there are often conflicting opinions, both within and between the various sample groups, on what the nurse teacher role could or should be. The majority of the differences were around the clinical role and the academic role of the nurse teacher. It appears that clinical nurses, managers and academic colleagues may have a different view of the nurse teacher's clinical role. However, these differences are not irreconcilable.

There can be value in conflict in so far as, a process of "unification through diversity" can be promoted (WHO, 1991 p21). This process requires, however, the explicit acknowledgement of differences and the shared commitment to pursue activities which will lead to proactive strategic planning on the issues in question.

There is no doubt that there are high levels of concern over the ways in which Project 2000 students acquire clinical skills. This is reflected in the emphasis which the sample placed on issues relating to the clinical role of the nurse teacher. It would appear that there is little protected time set aside by Colleges of nursing/midwifery for nurse teachers to maintain their clinical skills. Clinical updating appears to be tagged on to the usual workload rather than being something which is valued and worthy of protected time. Indeed the teaching of students in the clinical area by nurse teachers does not appear to receive priority within the curriculum. It has been stated that,

> *"the purpose of nursing, midwifery and health visiting education is...to prepare individuals to function...as competent, confident practitioners"* (DoH, 1994. p.6)

Consideration must be given to the ways in which Project 2000 students acquire the clinical skills necessary to become competent and confident. This is in no way meant to reduce the importance of the theoretical aspects of nursing education, but rather to redress the balance in order that theory does not remain the paramount consideration for nurse teachers.

The profession has for too long debated the theory-practice divide and it is now time to create strategic plans and put these plans into action. If clinical practice is seen as important then it is time this was borne out in the priorities of Colleges of nursing/midwifery. There are obvious parallels here with the recent debate over the quality of teaching vis a vis research responsibilities within higher education. Recent government guidelines for higher education have left little doubt that a balance must be achieved in the future in order that teaching does not remain a secondary consideration in the minds of higher education lecturers (DES, 1991). Nursing education must support and facilitate teachers to maintain and update their clinical skills and so redress the balance which currently is heavily weighted to the primacy of the teaching of theory.

Arguments can be put forward that there has been little time for nurse teachers to become involved in clinical work when coping practically with the broader role and responsibilities which have resulted as a consequence not only of Project 2000 implementation but also in

developing links with higher education. It is interesting to note how few of our sample of nurse teachers had a community nursing qualification at the time of questionnaire one. This finding may give rise to concern given the emphasis in health care policy on health and primary care. In addition Project 2000 diplomates are being prepared in the main by nurse teachers with little or no experience of working in a community or non-institutional setting. The application then of theory to practice may become problematic if there is no stock of experience in the college in this area.

Benner's (1984) work on skill acquisition in nursing has argued that it is probably not necessary for instructors of the novice (i.e. beginning students) to be able to perform clinically at advanced levels. These teachers do need to be able to teach the students those guidelines and principles that enable the student to practise in a safe and efficient way. However, as the students advance in their clinical speciality, teachers are required who can demonstrate advanced levels of clinical judgement. Benner (1984) considers that expert clinicians in the clinical setting can also contribute to student learning and that both teachers and expert clinical nurses together have a contribution to make to student development.

The concerns to achieve degree status and now higher degree status amongst nurse teachers have also made demands on their time. There is, however, the possibility that in the future there will be a period when the bulk of teachers have achieved degree status and Project 2000 courses are well-established. This could mean that there would be the opportunities to devote more time to the clinical role. Further reductions in student numbers may also provide the opportunity for greater clinical contact for nurse teachers as long as this is not accompanied by proportional job redundancies. The fact that many nurse teachers in this study felt they were not clinically credible and have a lack of confidence in their clinical skills is of concern. However, it should be borne in mind that on many occasions that teachers were allocated to clinical areas where they had no previous experience. This was particularly the case with community nursing.

The role of lecturer practitioner was identified in this study as a highly desirable role. It was however, not seen as a probable development. The lecturer/practitioner model is one way of

recruiting highly committed clinical nurses into nurse education and it is also a means of maintaining clinical competence and credibility for nurse teachers.

The question could also be raised as to whether every nurse teacher needs to be clinically credible and clinically competent. If, however, nursing is "patient focused" and "practice led" (DoH, 1994) there would appear to be little room for negotiation. Those who are responsible for teaching nursing must also be credible and competent in the role of a nurse. If teachers are not clinically credible and competent then the teaching of nursing to students in the clinical area must be more explicitly devolved to those who are. The expert clinical practitioner must then be the one who is responsible for this teaching.

This raises two questions. Is a teaching qualification a pre-requisite for those who wish to become involved in the education of nurses? Who will finance the time for clinical practitioners to teach nursing students, or for nurse teachers to maintain their clinical competency?

Perhaps a model for the preparation of teachers in higher education acts as a guide to the first question. Traditionally, lecturers in higher education are not required to have a formal qualification in teaching. Preparation in learning theory and skills are generally organised on an in-service continuing education basis.with no formal teaching qualification resulting from this. The DES (1987) suggest that the quality of teaching can be helped by systematic arrangements for staff training and development, staff appraisal, comprehensive evaluation, involvement of professional practitioners in vocational courses and feedback from students themselves. No mention is made of the need for lecturers to acquire formal teaching qualifications. Given that there is currently the requirement for nurses who wish to become teachers to undertake a "recognised teaching qualification", there may well be advantages in relaxing this rule. This emphasis in the past has led, as we have seen from the results of this study, to the deskilling of clinicians who become teachers. It is also a costly process both in terms of time and finance. It is questionable whether there is any evidence from higher education that "qualified teachers" gain better evaluations from students (or peers) or produce better examination results. If there is no difference, this begs the question as to whether a

teaching qualification is needed. This may then expedite, to some extent, a greater involvement of clinical practitioners in nursing education.

The second question on who funds either the nurse teacher's time in the clinical area or the clinical practitioners time teaching students, poses greater challenges, particularly in the current climate of change in the National Health Service and higher education sector. The consequences of the internal market which has developed in the health service as a result of the NHS and Community Care Act (DoH, 1990) have been felt throughout all areas, be they service provision or education. The situation where a school of nursing was clearly part of a hospital or district has now gone. The amalgamated larger Colleges of nursing/midwifery are now no longer identified with a specific hospital and indeed can be geographically distant given the growing number of full relocations within higher education institutions which have been reported in this study. The "spirit of co-operation" which the ENB (1991) felt should exist with regard to the funding of clinical placements may in the future be difficult to maintain. In many ways a market-led system, whereby clinical placements could be purchased by education, may have potential benefits. Purchasers of services have the power of choice and quality control over these services. This is something that health authorities and Trusts are fully aware of and it is now imperative that Colleges of nursing/midwifery enter the market place on a more pro-active level. The recent Statement of Strategic Intent for nursing education has stated that:

> *"there must be more effective marketing strategies to demonstrate the range of educational expertise and resources available"* (DoH, 1994. p.9)

It is likely that there will be a growth in health authorities and Trusts commissioning nursing education. Although this was to some extent introduced by Working Paper 10 (1989), a recent report on Managing the New NHS (NHS, 1994) has outlined long-term plans for the future commissioning of non-medical education and training. This involves the responsibility for budget-holding and negotiating educational contracts being devolved to consortia/health authorities and Trusts with the regional office retaining reserve powers. There is no doubt that these future plans will have repercussions for the development of the role of the nurse

teacher, particularly with regard to the funding of issues around the maintenance and updating of nurse teacher's clinical skills, and the clinical supervision and teaching of Project 2000 students.

Given that the nurse teacher respondents in this study reported that they were working under considerable pressure, it is important to project into the future, concerning the arrangements around Working Paper 10. Financial management and contracting were two areas which were highlighted as not having been covered adequately in teacher preparation courses. If purchasing consortia were to be organised around individual trusts, or even groups of trusts it would increase the college work load considerably, since most deal with only one or two purchasers. This would bring workforce planning to a very local level, which may have adverse effects on job security.

So far the emphasis in this concluding chapter has been on the clinical aspects of the nurse teacher's role. The results of this study also highlighted a number of areas of concern with regard to the nurse teacher's responsibility for the teaching of theory and their academic credibility and status.

The issue of specialisation and the nature of specialist knowledge is one which requires careful consideration on the part of all those involved in nurse education. Nurse teachers expressed dissatisfaction with the old model of the generic teacher as one who could teach anything and everything. The decision to replace this with a specialist teaching role stimulated much debate in this research study with regard to the exact nature of what specialist knowledge means for the nurse teacher.

It would appear from the findings of this study that there is a growing belief amongst teachers that their academic specialisation in nursing theory and practice would lead to the enhancement of nursing as an academic discipline. It is worthwhile recalling the position put forward by a Strategy for Nursing (DoH, 1989a) which stated that:

"Future teachers must be able to demonstrate at an advanced level a knowledge of the theory and practice of nursing or midwifery." (DoH, 1989a. p25)

This does, however, beg some questions with regard to the position of those currently employed as nurse teachers and those who will be undergoing courses of preparation as nurse teachers.

Historically, if the role of clinical teachers are set aside, nurse teachers were viewed as academic "equals" to each other. All were registered nurses and prepared by a recognised course of preparation to teach. The qualification provided by the London Diploma was important, but the majority of nurse teachers would not have been educated to degree level and part-time degrees in nursing were not widely available until the mid 80's. Project 2000 acted as a catalyst for teachers gaining degree status. As the results from this study demonstrate, this quest for degree status has meant that very few nurse teachers hold degrees in nursing, the majority being in education and social/behavioral sciences.

The situation exists whereby nurse teachers can be teaching diploma or degree level studies in nursing without themselves having been educated to that level in the subject area. Degree level studies in nursing provide the nurse with not only the study of nursing in depth but also breadth. The broad-based, multi-disciplinary focus of these degrees with their emphasis on policy issues, give a strong base from which nurse teachers can take their place alongside other higher education lecturers.

Linking with higher education has also raised concerns for the sample with regard to the academic status of nurse teachers vis a vis that of lecturers in higher education. Nurse teachers appear to have a growing awareness of the broader responsibilities of lecturers within higher education which includes the requirement to conduct research and to publish. Questions have been raised regarding the expectations which Colleges of nursing/midwifery have of nurse teachers involvement in research (Champion, 1991) and there are a number of issues which emerge from the potential requirement of nurse teachers to become involved

in empirical work. It could be questioned whether it is necessary for all nurse teachers to acquire research skills apart from those necessary to critically appraise research reports.

It could be envisaged under Working Paper 10 contracting arrangements that purchasing consortia may not wish to pay for nurse teachers to engage in nursing research. The exception to this would be if nursing research could be shown to have a positive benefit on the quality of educational provision which was discernable in the product, namely the Project 2000 diplomate. Alternative finance is available for research either through research grant applications to the research councils, charities and government departments etc. The commitment of the NHS to evidence based practice is clear (DoH, 1991). The findings reported here indicate that nurse teachers are keen to engage in research, and this is an area which they have identified as a deficit in their initial teacher preparation. A recommendation in the Report of the Taskforce on the Strategy for Nursing Research (DoH, 1993c) suggested that Regions develop research training schemes which will include replacement funding to allow academic staff from the nursing professions to undertake postgraduate taught courses which incorporate systematic research training.

Finally, this study was funded by the ENB and the recommendations offered are for consideration and discussion. The future role of nurse teachers is somewhat dependent upon the teachers themselves and the action that the professional body takes on these recommendations. We are optimistic that as more integration takes place in higher education and as nursing matures as an academic discipline, nurse teachers will find their niche within higher education. It was heartening that so many nurses wanted to have increased links with clinical settings, and the role of lecturer/practitioner was seen as desirable. We are optimistic that new ways will be found to integrate the teaching of theory and practice.

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